

The Vitaljet

Client details and goals

Complete only what you are comfortable sharing; discuss other details at your visit.

Save a copy after filling. For paper return, print and bring it to your appointment.

Full name / preferred name

Date of birth / pronouns (optional)

Phone / email / preferred contact method

Home-visit address and access or parking details

Emergency contact: name, relationship and phone

Services of interest: acupuncture, acupressure, movement, meditation, wellness or nutrition

What brings you here? Main concerns, when they started and how they affect daily life

Your goals and what you hope to gain from the consultation

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Health history and current care

Include relevant details and dates. Write "none" or "unsure" where appropriate.

Current or previous health conditions, diagnoses and hospitalizations

Surgeries, injuries, pain or recent changes in health

Medications, supplements and herbs: name, dose and frequency

Allergies or sensitivities, including medicines, latex, adhesives and foods

Other clinicians / primary care provider and current treatments

Relevant tests or reports you would like to discuss (bring copies if available)

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Movement, daily habits and session considerations

Movement: usual activities, limitations, balance concerns, falls or exercise restrictions

Sleep, energy, stress and your experience with meditation or breathing practices

Nutrition: usual eating pattern, dietary preferences and digestive concerns

If relevant: pregnancy / possibility of pregnancy, recent childbirth or breastfeeding

Session considerations: bleeding problems, blood thinners, fainting or implanted devices

Skin problems, wounds or infection; areas you prefer not to have touched or treated

Accessibility needs, comfort preferences, cultural considerations or questions

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Home-visit planning and acknowledgment

Home visit: suitable private space, pets, stairs and any access assistance needed

Other information you would like the practitioner to know

Please review before signing:

I have provided information to the best of my knowledge and will discuss changes.

This intake form does not replace a clinical assessment or consent for treatment.

Specific services and any required treatment consent will be discussed separately.

I may ask questions and discuss information I prefer to share in person.

Client / representative name

If a representative: relationship and authority to act

Signature: sign by hand after printing, or use your PDF reader's signing feature.

Signature

Date

Practitioner note: review questions for your services and professional scope before use.

Provide privacy notices and service-specific informed consent separately as required.