

***Vital Health Center***  
**Rick & Joelle Williams**

**Adult Intake Form**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Street and Number

City

State

Zip

Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Business \_\_\_\_\_

E-Mail \_\_\_\_\_

Current Occupation \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about the Vital Health Center, or who referred you? \_\_\_\_\_

Preference of practitioner: Rick \_\_\_\_\_ Joelle: \_\_\_\_\_ Either: \_\_\_\_\_

List your primary health concerns and rate on a scale from 1-10 how much they impact your life (0 = no impact)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of primary physician \_\_\_\_\_ Phone # \_\_\_\_\_

Other practitioners (acupuncturist, chiropractor, naturopath etc) you are currently seeing

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any major hospitalizations and/or Surgeries you have had (include year)

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List any major illnesses have had (include year)

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List any scar tissue, fractures, dislocations or concussions you had (include year)

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List any motor vehicle accidents and injuries you have had (include year)

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**Medications**

What medications are you currently taking?

Medications	For What	How Long

List any supplements you are currently taking


- | <b>Current</b>           | <b>Past</b>              |            |
|--------------------------|--------------------------|------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Smoking    |
| <input type="checkbox"/> | <input type="checkbox"/> | Coffee     |
| <input type="checkbox"/> | <input type="checkbox"/> | Alcohol    |
| <input type="checkbox"/> | <input type="checkbox"/> | Antacids   |
| <input type="checkbox"/> | <input type="checkbox"/> | Steroids   |
| <input type="checkbox"/> | <input type="checkbox"/> | Analgesics |
| <input type="checkbox"/> | <input type="checkbox"/> | Laxatives  |

Packs per day / Number of years \_\_\_\_\_  
Cups per day \_\_\_\_\_  
Quantity \_\_\_\_\_

**Prior Studies Completed (MRI/CT-scan/X-Ray)**  None

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**Review of Systems**

**Current Past Cranial/Sacral**

- Headaches
- Migraines
- Concussions
- Fall on the tailbone
- Fall on the sacrum or hips
- Major dental work
- Braces
- Sinusitis
- Facial pain
- Congestion
- Ear infections
- Hearing loss
- Other:  
\_\_\_\_\_

**Digestion**

- Heartburn
- Constipation
- Diarrhea
- Nausea
- Gas
- Pain after eating
- IBS
- Hiatal Hernia
- Food sensitivities:  
\_\_\_\_\_
- Other:  
\_\_\_\_\_  
\_\_\_\_\_

**Current Past Urinary Tract**

- Kidney infections
- Bladder infections
- Frequency
- Loss of bladder control
- Kidney stones
- Prostate problems (men)
- Changes in urinary flow
- Other:  
\_\_\_\_\_

**Lungs**

- Bronchitis
- Pneumonia
- Pleuritis
- Coughing
- Difficulty breathing
- Asthma
- Other:  
\_\_\_\_\_

**Heart**

- Arrhythmia
- Palpitations
- Other:  
\_\_\_\_\_

**Current Past Liver**

- Hepatitis
- Mono
- Elevated Liver enzymes
- Other:  
\_\_\_\_\_  
\_\_\_\_\_

**Other**

- High blood pressure
- Hyper thyroid
- Hypo thyroid
- Diabetes
- Osteoporosis
- Arthritis
- Cancer
- Other:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sleep**

Hours per night \_\_\_\_\_

If you wake, what is the reason? \_\_\_\_\_ when? \_\_\_\_\_

Nightmares \_\_\_\_\_ Must nap during the day \_\_\_\_\_ Wake refreshed \_\_\_\_\_

**Stress**

Choose from the following: 0 - never 1 - almost never 2 - sometimes 3 - fairly often 4 - very often

In the last month, how often have you felt nervous and stressed? \_\_\_\_\_

In the last month, how often have you been upset because of something that happened unexpectedly? \_\_\_\_\_

In the last month, how often have you found that you could not cope with all the things that you had to do? \_\_\_\_\_

Do your symptoms increase when you are under stress? \_\_\_\_\_

**Diet**

Have you gained or lost over ten pounds in the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ Gained \_\_\_\_\_ Lost \_\_\_\_\_

If yes, was the gain/loss on purpose? Yes \_\_\_\_\_ No \_\_\_\_\_

**Exercise**

How often do you exercise? \_\_\_\_\_

What type of exercise? \_\_\_\_\_ For How Long? \_\_\_\_\_

**Gynecologic History (Women only)**

Cycle length \_\_\_\_\_

Pregnancies \_\_\_\_\_ Births \_\_\_\_\_ Miscarriages \_\_\_\_\_

Last mammogram/Result \_\_\_\_\_

Delivery:  Pitocin

C-section (emergency or planned)

Forceps

Suction

Epidural

Episiotomy or tearing

**Current**

**Past**

- Cramping
- Pain during menstruation
- Pain during ovulation
- Cysts
- Endometriosis
- Menopause
- Other:

\_\_\_\_\_

**Any other information you feel is important to share**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Information and Disclosure

Welcome to the Vital Health Center, practice of Rick & Joelle Williams. To conduct our practice legally we are required to inform you of the following facts and information:

- Our Therapy is available through the provisions stated in California under Sections 2053.5 and 2053.6 of the Business and Professions Code.
- We are not licensed physicians, DO's or practicing medicine.
- The treatment we provide is an 'alternative therapy' or a 'complementary therapy'.
- Services to be provided are legal but not licensed by the state of California.

### **JOELLE AND RICK'S THERAPY:**

- Is a comprehensive manual treatment that aims to restore healthy position, mobility, and vitality of the tissues. The intention is return the body toward the natural state.
- Is a powerful means of identifying and addressing structural, fluidic, or biodynamic components at the root cause or causes of pain, injury, disease, and dysfunction.
- It is our intention to play a supportive role in our clients chosen health team that may include traditional and/or alternative modalities. We are not a stand-alone treatment option that will replace appropriate medical intervention.
- Supports the body's own self-organizing-systems to facilitate an optimal state of health. The significance and value of this treatment can be found in its application toward health maintenance, degenerative diseases, and athletic performance and maximizing each person's potential.

### **Theory behind the Therapy:**

- There is an inextricable relationship between the structure and function of the body. The objective is to find and treat the related structures and mechanisms that are relevant and causative of the chief complaint or symptom. The theory of our comprehensive manual treatment is based on studies that support the use of manual techniques to correct position, mobility, and vitality of the related structures to increase healthy function of the body and thereby reducing or resolving the symptoms and/or dysfunction.

### **What to expect during your visit:**

- A consultation dialog to determine the purpose and intention of your visit, such as:
  - Health maintenance and/or athletic optimization
  - Therapy of pathology or injury
  - Surgery and traumatic recovery
  - Support of degenerative diseases
- A question and answer intake of chief complaints and history of symptoms and related events. A general survey of health issues, diagnoses, reports, and the medical interventions you received throughout your life.
- A physical assessment and analysis will be conducted with a methodology that includes
  - Relevant motion and functional testing analysis
  - Palpation testing of relevant structures within the musculoskeletal, cranial-sacral, organ, and nervous system.

- Gentle manual therapy will be administered to the relevant systems and structures within the scope of our training. Treatments may include techniques effecting the musculoskeletal, cranio-sacral, visceral (organ), fascial, ligament, articular, fluidic and nervous systems.
- On completion of the first treatment we will relate our findings, structures treated, and prognosis if requested.
- The session will complete with a discussion of any questions you may have and dialog to determine an appropriate treatment plan if subsequent treatments are indicated.

**Educational, training, experience:**

Rick & Joelle Williams both graduated from a 5-year program at the Canadian College of Osteopathy. Prior to this Rick received a Bachelor of Science in Aerospace Engineering specializing in biomechanics. Joelle completed a graduate degree in psychology at the University Gottingen, Germany.

To use our services, California state law requires that you acknowledge receipt of the information provided in this form and that you sign it. You will receive a copy upon request.

This method of treatment is alternative or complementary to healing arts that are licensed by the State of California. Under Sections 2053.5 and 2053.6 of California’s Business and Professions Code, we can offer you these services, subject to requirements and restrictions that are described fully on the following page.

If you ever have any concerns about the nature of your treatment, please feel free to discuss them with us. We recommend that you inform your primary care practitioner that you are receiving treatment.

**Acknowledgement and Consent to Receive Services:**

I have consented to use the services offered by **Rick and Joelle Williams** and agree to be personally responsible at the time of service for the fees in connection with the services provided to me. I understand that Rick and Joelle Williams work by appointment and that a **48-hour notice** is requested to cancellations or reschedule of appointments. If I am unable to provide a 48-hour notice I agree to pay the full fee for the treatment (Substitutions are permissible).

I have read and understand the above disclosure about the **therapy** offered by **Rick and Joelle Williams**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Client/parent/conservator/guardian)

Indicate relationship if signing for someone else: \_\_\_\_\_

**Initial Here :** \_\_\_\_\_ I was offered a copy of this consent form and declined to keep it for my records.

**Initial Here:** \_\_\_\_\_ I acknowledge that the Vital Health Center has a copy of this consent form if I should ever like to reference it.

**Sections 2053.5 and 2053.6 of the Business and Professions Code: 2053.3.**

**(a) Notwithstanding any other provision of law, a person who complies with the requirements of Section 2053.6 shall not be in violation of Section 2051, 2052, or 2053 unless that person does any of the following:**

- (1) Conducts surgery or any other procedure on another person that punctures the skin or harmfully invades the body.
  - (2) Administers or prescribes x-ray radiation to another person.
  - (3) Prescribes or administers legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
  - (4) Recommends the discontinuance of legend drugs or controlled substances prescribed by an appropriately licensed practitioner.
  - (5) Willfully diagnoses and treats a physical or mental condition of any person under circumstances or conditions that cause or create risk of great bodily harm, serious physical or mental illness, or death.
  - (6) Sets fractures.
  - (7) Treats lacerations or abrasions through electrotherapy.
  - (8) Holds out, states, indicates, advertises, or implies to a client or prospective client that he or she is a physician, a surgeon, or a physician and surgeon.
- (b) A person who advertises any services that are not unlawful under Section 2052, 2052, or 2053 pursuant to subdivision (a) shall disclose in the advertisement that he or she is not licensed by the state as a healing arts practitioner.

**2053.6. (a) A person who provides services pursuant to Section 2053.5 that are not unlawful under Section 2051, 2052, or 2053 shall, prior to providing those services, do the following:**

- (1) Disclose to the client in a written statement using plain language the following information:
    - (A) That he or she is not a licensed physician.
    - (B) That the treatment is alternative or complementary to healing arts services licensed by the state.
    - (C) That the services to be provided are not licensed by the state.
    - (D) The nature of the services to be provided.
    - (E) The theory of treatment upon which the services are based.
    - (F) His or her educational, training, experience, and other qualifications regarding the services to be provided.
  - (2) Obtain a written acknowledgement from the client stating that he or she has been provided with the information described in paragraph (1). The client shall be provided with a copy of the written acknowledgement, which shall be maintained by the person providing the service for three years.
- (b) The information required by subdivision (a) shall be provided in a language that the client understands.**
- (c) Nothing in this section or in Section 2053. Shall be construed to do the following:**
- (1) Affect the scope of practice of licensed physicians and surgeons
  - (2) Limit the right of any person to seek relief for negligence or any other civil remedy against a person providing services subject to the requirements of the section.