MERIDIAN 180

Uniting Eastern Energetic Arts and Western Science

Client "Getting to Know You" Form

Thank you for choosing Meridian*180* as part of your health and wellness team! We look forward to helping you achieve your wellness goals through gentle Energy Kinesiology and stress release techniques. As you answer the following questions, please know that the more detailed you are in your answers, the better we can help you achieve your wellness goals.

Date: _____

Client Contact Information

(If you are an adult and this appointment is for your minor child, please print the minor child's information here and your information under "Parent / Guardian Contact Information" below.)

Client Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Emergency Contact : (___)_____ Name / Relationship: _____

Are you OK with us taking your photo so it is easier for us to remember who you are? □ Yes □ No

Parent / Guardian Contact Information (leave blank if over 18)

Parent / Guardian Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Referred by: _____

Client Information

Date of Birth: _____ Age: _____ Birth Gender: □ Male □ Female Current Gender: □ Male □ Female

Sexual preference: □ Men □ Women □ Both □ Other: _____

Marital Status: □ Single □ Married/Domestic Partner □ Widowed □ Divorced

Work Status: □ Employee □ Self-Employed □ Unemployed □ Retired □ Disabled

Current Occupation: _____ Former Occupations: _____

Children (ages): _____

Hobbies / interests: _____

Pets: _____

Spiritual beliefs/religious affiliations, past, and present: _____

Health and Lifestyle

Do you exercise? □ Yes □ No How often? _____

What activities? □ Walking □ Running/Jogging □ Weights □ Cycling □ Yoga □ Other: _____

Do you drink water? □ Yes □ No How much / often / source: _____

Have you ever smoked? □ Yes □ No How much / often: _____

Do you drink alcohol? □ Yes □ No How much / often: _____

Do you drink coffee? □ Yes □ No How much / often: _____

Do you take recreational drugs? □ Yes □ No How much / often: _____

Do you take supplements (vitamins, mineral, herbs)? □ Yes □ No How much / often: _____

_____

_____

_____

Source of social support: □ Family □ Friends □ Other □ No Support

Your "Wellness Support Team" (Chiropractor, Counselor, Naturopath, Life Coach, etc) _____

_____

_____

_____

How much uninterrupted sleep do you get each night, on average (hrs): _____

If you have trouble sleeping, what is the primary reason? □ anxiety □ discomfort □ outside interruption (family, noise)
□ Other: _____ □ I don't have trouble sleeping

What's your opinion of your overall diet: □ Very Healthy □ Somewhat Healthy □ Not Very Healthy □ Please Help Me

What's your opinion of your overall wellbeing: □ Excellent □ Good □ Fair □ I'd Like A Do-Over

Stress

Circle your overall stress level:

Low 1 2 3 4 5 6 7 8 9 10 High

Are you able to relax? □ Yes □ No

What do you do to relax? _____

Sources of comfort and connection? _____

What things create the greatest challenges for you? _____

What major life decisions or changes are you facing? _____

What are the major stressors in your life right now? _____

_____

What things or activities bring meaning, purpose, or joy to your life? What inspires you? _____

_____

Medical Information (optional for those who don't mind sharing)

Known Medical Conditions: _____

_____

_____

_____

_____

Please list any medications you are currently taking: _____

_____

_____

_____

_____

Do you wish to stop taking medications if possible? □ Yes □ No

Past Surgical History: _____

_____

_____

Please mark the items below with 1-10. “1” indicates a very minor issue, concern, or problem. “10” indicates a major issue, concern, or problem. “Past” means anything more than 6 months ago. “Recent” means anything within the last 6 months. If it does not apply to you, leave it blank.

Past	Recent	
		Abandonment
		Academic challenges
		Acne
		Addictions
		Agitation / irritability
		Alcohol use
		Allergies / sensitivities
		Anemia
		Anxiety / worry
		Apathy
		Asthma
		Atypical menstrual bleeding
		Auditory issues / hearing
		Birth complications
		Bladder infection
		Block love from others
		Blocked creativity
		Blood clots
		Blood pressure
		Blood work / lab test results
		Body range of motion / flexibility issues
		Breaking family patterns
		Breathing issues
		Broken/fractured bones
		Caffeine use
		Cancer
		Can't express emotions
		Can't express love
		Career issues
		Change in appetite
		Changing repetitive actions
		Cholesterol
		Clarity of thought
		Clenching jaw
		Cold feet or hands
		Cold or heat intolerance
		Communication issues
		Compulsive behaviors
		Conflicting emotions
		Confusion
		Constipation

Past	Recent	
		Control / authority issues
		Craves attention
		Deep frustration or anger
		Denial or avoidance
		Depression
		Diabetes / blood sugar issues
		Diarrhea
		Difficulty concentrating
		Difficulty in home environment
		Difficulty saying "No"
		Difficulty urinating
		Difficulty with change
		Disabilities
		Disconnected from body
		Dizziness / balance / vertigo
		Dread
		Drug use
		Eating issues
		Environmental sensitivities
		Excessive emotions
		Excessive talking
		Extreme introvert / extrovert
		Fainting spells
		Family relations / conflict
		Fatigue / weakness / low energy
		Fear or phobia
		Feeling accepted
		Feeling betrayed
		Feeling grounded
		Feeling like a victim
		Fertility concerns
		Food sensitivities
		Forcing views on others
		Forgetfulness
		Gall bladder issues
		Grief
		Guilt or shame
		Had an affair
		Head injuries

Past	Recent	
		Headaches / migraines
		Heart condition
		Heartburn / indigestion
		Heavy metal / toxicity
		High stress
		Hoarding
		Hormone issues
		Hot flashes
		Impulsive
		Inability to connect with divine
		Inability to have fun
		Incontinence
		Indecisive or indifferent
		Infectious diseases
		Inflexible with people
		Insecurity
		Insomnia / sleep issues
		Interrupting
		Intestinal gas / bloating
		Irrational
		Jealousy
		Lack of purpose in life
		Lack of sexual desire
		Learning disability
		Limiting belief systems
		Listening
		Live or work near industrial factory, power lines/stations, turbines, highway, airport, farm
		Liver issues
		Loss of appetite
		Lying
		Major life changes
		Manipulative
		Memory issues
		Menopause
		Money management issues
		Mood swings / unstable emotions
		Motion sickness
		Nausea / vomiting

Please mark the items below with 1-10. “1” indicates a very minor issue, concern, or problem. “10” indicates a major issue, concern, or problem. “Past” means anything more than 6 months ago. “Recent” means anything within the last 6 months. If it does not apply to you, leave it blank.

Past	Recent	
		Negative thoughts
		Nervous stomach
		Nervousness
		Nicotine use
		Nightmares
		Numbness / tingling
		Obsessive tendencies
		Orphaned, adopted, fostered child
		Overly competitive
		Overly critical
		Oversensitive emotions
		Overwhelm
		Pain / discomfort
		Panic attacks
		Paralysis
		Performance stress (non-sexual)
		Perfectionism
		Pessimistic
		Pesticide / insecticide exposure
		Piercings / tattoos
		Pleaser
		PMS
		Poor body image
		Poor digestion
		Poor organization
		Poor personal boundaries
		Poor posture / slouching
		Poor social skills
		Post-surgery issues
		Powerlessness
		Pregnancy issues
		Pregnant currently
		Pre-surgery preparation
		Prideful
		Primitive / postural reflexes
		Problems walking
		Procrastination
		Reaction to vaccinations
		Relationships

Past	Recent	
		Ringing in the ear
		Sabotaging
		Scars
		Self-condemnation
		Self-esteem
		Sensitivity to other's emotions, feelings, energy
		Sensitivity to smell
		Sensitivity to sound
		Sensitivity to taste
		Sensitivity to touch
		Sensitivity to visual stimulation
		Severe tension
		Sexual issues
		Sexual performance
		Shortness of breath
		Shyness / confidence
		Sinus issues
		Spasms / cramps
		Speech issues
		Spinal cord injury
		Spiritual addiction
		Spouse had an affair
		Stroke
		Struggle for survival
		Struggling to develop personal talents / abilities
		Stuck
		Suicidal thoughts
		Swelling
		Teeth grinding
		Thyroid issues
		Time utilization
		Too trusting or can’t trust
		Toxic relationships
		Trouble swallowing
		Twitching of face
		Ulcer
		Unable to feel emotions
		Undesirable habits

Past	Recent	
		Unhappy / down / depression
		Unusual fears
		Unwilling to communicate
		Visual issues
		Weak immune system
		Weight gain
		Weight loss
		Other body issues
		Other circulatory issues
		Other digestive issues
		Other ear issues
		Other emotional issues
		Other immune system issues
		Other kidney / urinary issues
		Other mental issues
		Other nervous system issues
		Other nose issues
		Other reproductive issues
		Other respiratory issues
		Other skin issues
		Other throat issues
		Other visual issues

Personal History

What traumas have you experienced? □ Child Maltreatment □ Community Violence □ Domestic Violence □ Medical

□ Natural Disasters □ School Related □ Sexual □ Traumatic Loss □ War Related □ None

What other events do you view as traumatic, or hold significant unresolved stress for you (your baggage): _____

_____

_____

If not identified elsewhere, list anything you think can never improve/change about that you wish would: _____

_____

_____

Is there anything else you think I should know? _____

_____

Wellness Goals

What are the top changes you want to see in the following areas of your life?

Physical: _____

_____

_____

Mental: _____

_____

_____

Emotional: _____

_____

_____

Spiritual: _____

_____

_____

Relationships: _____

_____

_____

Professional: _____

_____

_____

Meridian180 Client Consent Form

1025 East Centerville Station Centerville OH 45459 937-903-5576; doug@meridian180.com

Scope of Practice and Service Approach
Meridian180 uses an energy-based approach to facilitate stress release by identifying where a person carries stress, and assisting in releasing that stress through gentle touch. Our services may incorporate muscle monitoring which involves applying light pressure on a muscle. We do not diagnose or treat disease and are not physicians. Our services are not a substitute for diagnosis or treatment from qualified health practitioners for illnesses, injuries, or other medical conditions. Our services are not licensed by the state of Ohio.

Description of a Session
Clients typically lay face-up, fully clothed, shoes off, on a massage table. After identifying the session goal with the client, we facilitate the client releasing applicable stresses using light physical touch or hand motions near the body, including a dialogue about what the client is experiencing. Some clients feel nothing. Others describe sensations of energy movement, relaxation, or feelings of being supported and nurtured.

Benefits of Energy Kinesiology
Clients often report experiencing relaxation, an increased sense of well-being, peace that helps them better cope with illnesses, medical procedures, or medical conditions, or that their physical, emotional, mental and spiritual wellbeing has improved. Any changes that take place are solely due to the client activating their own innate self-healing capability. Because of this, we make no specific claims of the results from a session.

Risks of Energy Kinesiology
Energy Kinesiology is a non-invasive, non-medical energetic technique, still being researched by science, and currently has no known detrimental side effects. Occasionally, clients report feelings of vivid dreams, fatigue, dehydration, excessive energy, detoxification-like symptoms, or unexplainable emotional releases.

Energy/Educational, Training and Experience
The state of Ohio has not adopted any educational or training standards for unlicensed complementary and alternative health care practitioners. This statement of credentials is for information use only: I am a certified level 3 Energy Kinesiologist with the Energy Kinesiology Association with over 2500 hours of specialized training in Neuroenergetic Kinesiology, Stress Indictor Point System (SIPS), EmpowerLife Kinesiology, Applied Physiology, Kinergetics, LEAP, and Touch for Health. I am a national instructor for multiple of these modalities. I have a Bachelor's Degree in Biology from Michigan Technological University, and a Master's Degree in Genetics and Molecular Biology from Emory University.

Costs and Business Policies
Session are 1.5 hours long and cost $155. Sessions that run long are billed at $100/ hour in 15 min increments. If your body indicates the need to stop during the session, we will only charge you for the time used, work on unrelated issues, or credit the remaining time to future appointments.

Payment in cash or personal check is expected at the time of service unless arranged in advance. We may accept partial payment, or at our discretion, waive payment, based on individual client circumstances. The above fees are subject to change at any time with 30 day notice. A $30 fee applies for returned check or insufficient funds. Clients must cancel appointments with a minimum of 24-hour notice, or be responsible for a $50.00 appointment cancellation fee. There are no large family or frequent session discounts. We retain the right to discontinue service to anyone at any time.

Doug Akerman is the sole provider of services, and therefore has no supervisor. Any complaints about services received should be filed directly with me using the contact information above.

Confidentiality / Client Rights:
All information shared and your experience during our sessions are confidential unless release of these records is authorized in writing by the client, subject to the following exceptions:

1. Meridian180 occasionally writes up session summaries for use in emails / social media to help people more fully understand what Energy Kinesiology is and how it can benefit them. Names, possibly sex, and any additional information that may indicate who someone is are changed, or excluded (sanitized). Clients will directly be verbally asked for permission is this is being considered.
2. Sanitized information may be used anonymously for teaching and training purposes if necessary.
3. Information may be released if legally obligated or reasonably allowed to do so (including circumstances where there is clear and imminent danger to yourself or another person).
4. Subject to the usual exclusions dictated by state and federal laws and regulations.

ACKNOWLEDGEMENT, CONSENT, CLIENT PRIVACY RIGHTS
I have read and understand the above disclosure regarding the services offered by Meridian180/Doug Akerman. We have discussed the nature of the services to be provided including that Energy Kinesiology is an energy based therapy accomplished through the use of light contact. I understand that he is not a licensed physician and his services are not licensed by the state of Ohio. I understand it is my responsibility to maintain a relationship for myself with a medical doctor, if I so desire. I further understand that the above named is not trained to diagnose illness, prescribe or make recommendations involving pharmaceutical drugs or surgery, handle medical emergencies, nor does he make any specific claims regarding results from his services that I receive.

I have read and understand the above disclosure regarding privacy policies and confidentiality, and that experiences during these sessions are confidential, but subject to the usual exceptions governed by laws of the State of Ohio and other federal laws and regulations.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Meridian180/Doug Akerman from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

My questions have been answered to my satisfaction regarding Doug Akerman's background, typical session structure, and what I might expect from this session.

I acknowledge that I have received, read and understand the Meridian180 Client Consent Form, and that I fully consent, now and for all future sessions, to it for services offered by Doug Akerman:

Signed: _____ Date: _____

Print Name: _____

Address: _____

Would you like to be notified of upcoming classes and/or seminars? ☐ Yes ☐ No

May Meridian180 send you educational/promotional materials such as newsletters via e-mail? ☐ Yes ☐ No

Take The Meridian180 "More Than Me" Challenge: Once you have shown improvement and are finding relief from these things that are affecting the quality of your life, will you commit to 'Pay It Forward', and share with other people how Energy Kinesiology has helped your life? Possible ways to do this include telling friends and family about your experiences and encouraging them to get help with their issues, submitting Google and FB reviews, etc. ☐ Yes ☐ No