



Nürma Dippenaar

Functional Medicine Certified Health Coach * Positive Intelligence Coach * Access Consciousness Practitioner * Reiki Practitioner * Auricular Therapist

Client Details:

Name And Surname: _____

ID Number: _____

Address: _____

Contact Number: _____

E-Mail Address: _____

Details Of Person Responsible for Account:

Name And Surname: _____

ID Number: _____

Address: _____

Contact Number: _____

E-Mail Address: _____

Appendix A

What To Expect on Your First Visit:

Welcome to your journey towards better health! To provide you with the most effective care and support, I need a thorough understanding of your medical history. Your time and effort in completing the Intake Form and Medical Symptoms Questionnaire are deeply valued. As you fill out this form, take a moment to connect with yourself and reflect on your health and well-being.

Holistic and natural medicine is about more than just easing symptoms; it's about discovering and addressing the root causes of your concerns. This approach involves a thoughtful exploration of your medical history, a careful assessment of your body systems, and the creation of a personalized treatment plan just for you.

If you have any questions or need clarification on any part of your treatment plan, please don't hesitate to reach out. I'm here to support you every step of the way.

What is your main concern?

If you were granted 3 wishes from your visit today, what would they be?

Exercise routine:

Rate your current energy level: 1 = Completely Depleted, 10 = Super Energized

Morning: Noon: Night: Between Meals: Just After Meals:

Do you use any of the following:

Caffeine: Other Stimulates: Alcohol Use: Marijuana: Other Drugs:

Mind / Emotions / Spiritual:

Joyful	Anger/ Frustration	Overthinking/ Worry	Grief/Sadness
Fear/Anxiety	Irritation/Impatiens	Vengeful	Shy/Withdrawn
Poor Memory	Mood Swings	Racing Mind	Restless
Despair	Guilt	Lonely	Hopeless
Currently Seeing a Counselor/Therapist		Active Spiritual Practice	

Rate your current overall stress level: (1 = very relaxed, 10 = very stressed)

Factors most contributing to your stress:

What helps you deal with your stress:

Allergies / Sensitivities to Food / Medication / Environmental:

Supplement log:

List all vitamins, minerals, and other nutritional supplements you are taking.

Medication Log: List all medications you are taking, including non-prescription drugs.

FOR PRACTITIONERS USE ONLY

Pulse:

Tongue:

Differentiation of Syndrome:

Please take a moment to read the following information.

APPENDIX C

DISCLAIMER:

I understand that all treatments received at Soul Intention, should not be construed as a substitute for a medical examination, diagnosis and/or treatment and that I should see a physician or other qualified medical specialist for any physical ailment that I am aware of. Because treatments are contra-indicated (should not be done) under certain medical conditions, I affirm that I have stated all my medical conditions and answered all questions honestly. I agree to keep the practitioner updated on any changes in my medical profile.

PAYMENTS:

The first consultation is payable in cash immediately after your treatment. Thereafter, all accounts are payable via card machine or with special arrangement at the end of each month's treatments. An administration fee will be charged to the outstanding accounts. Please note that the treatments are NOT covered by Medical Aid and that you are responsible for the full cost of the consultation and treatment and that you will be unable to claim for them. All legal and recovery debt costs, including all attorney and client costs involved, will be for the account of the person responsible for the account.

CANCELLATIONS:

24-hour notice is necessary for canceled appointments. This allows space for acute and walk-in appointments. We reserve the right to bill for missed appointments.

DISPENSARY:

Only products with authorized NAPPI codes can be claimed back from your Medical Aid. Please allow for 3 to 5 working days for your prescriptions/order.

RETURN POLICY:

No opened dispensary items can be returned for credit. Unopened items can be returned in special circumstances within 5 business days of purchase for credit on account only.

AUTHORIZATION TO RELEASE INFORMATION:

I have read the above information and fully understand my obligations and relationship with my Health Care Practitioner. I accept this policy for my testing and/or treatment with Nürma Dippenaar at Soul Intention.

Name: _____

Date: _____

Signature: _____