MARIA FENN

HEALTH FITNESS YOGA NUTRITION TREATMENTS
EMBODY YOUR TRUE SELF

Holistic Health & Wellbeing Intake Form

Supporting your journey in holistic wellness, self-discovery, and soul alignment.

Part 1: PAR-Q (Physical Activity Readiness Questionnaire)

Please answer honestly to ensure your safety during physical activities:

Has your doctor ever said you have a heart condition and recommended only medically supervised physical activity? ☐ Yes ☐ No

Do you feel pain in your chest when you do physical activity? ☐ Yes ☐ No

In the past month, have you had chest pain when you were not doing physical activity? ☐ Yes ☐ No

Do you lose balance due to dizziness, or do you ever lose consciousness? ☐ Yes ☐ No

Do you have a bone or joint problem that could be made worse by a change in your physical activity?

☐ Yes ☐ No

Are you currently taking medication for blood pressure or heart conditions? ☐ Yes ☐ No

Do you know of any other reason why you should not engage in physical activity? ☐ Yes ☐ No

If you answered "Yes" to any question, please consult your healthcare provider before participating.

Notes:

EMERGENCY CONTACT

Name:

Relationship:

Phone:

DECLARATION

I confirm that the information provided is accurate.

Signature

Date

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Part 2: Nutrition & Lifestyle

Daily Habits

How many meals do you typically eat per day?

Do you follow a specific diet (vegan, vegetarian, paleo, etc.)?

Any food allergies or intolerances?

How much water do you drink daily?

Do you consume caffeine, alcohol, or other stimulants? Please specify frequency.

Do you take recreational drugs? If yes, please specify type and frequency.

Supplements & Remedies

Do you take any vitamins, supplements, tinctures, or herbal medicines? Please specify type and dosage.

Do you use any homeopathic remedies? Please specify.

Lifestyle & Energy

How many hours of sleep do you get per night?

Do you practice any regular physical activity? If yes, please describe.

How would you describe your energy levels throughout the day?

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Part 3: Emotional & Energetic Health

How would you describe your current emotional wellbeing? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Do you experience stress, anxiety, or depression? ☐ Yes ☐ No

Are you currently seeing a therapist, counsellor, or energy healer? ☐ Yes ☐ No

What practices support your emotional wellbeing (meditation, journaling, yoga, breathwork, etc.)?

Part 4: Health History & Seasonal Patterns

Date of Birth: ___ / ___ / ___

Time of Birth: ___ : ___ (optional)

Place of Birth: _____

Are there any recurring seasonal health patterns you notice? (e.g., low energy in winter, allergies in spring)

Do you have any chronic health conditions, injuries, or ongoing medical concerns we should know about?

Have you had any recent vaccinations or inoculations? Please list which ones and when.

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Are you taking any regular medication? Please specify.

Are there any other health considerations or precautions we should be aware of before your participation?

Optional: If you would like a natal chart prepared to explore your energy patterns and holistic health tendencies, please indicate here:

☐ Yes ☐ No

Part 5: Participant Declaration & Indemnity

By signing up for this program, workshop, or course, I acknowledge and agree to the following:

I understand this is a holistic, soul-finding, and personal development program, which may include physical exercises, meditation, breathwork, and energy work.

I am participating of my own free will and take full responsibility for my physical, emotional, and spiritual wellbeing during all sessions.

I understand that no program content replaces professional medical advice, diagnosis, or treatment. I have consulted a healthcare professional if necessary.

I release and hold harmless Maria Fenn, her team, and affiliates from any liability for injury, loss, or harm incurred as a result of my participation.

I acknowledge that I have read, understood, and agreed to the program's terms, including the refund policy.

Participant Name: _____ DOB: _____

Signature: _____

Date: _____