



ORAWELL

INFORMATION FORM

DATE: / /

MR. / MRS. / MS

FIRST NAME:

LAST NAME:

ADDRESS:

MOBILE:

LANDLINE:

EMAIL ADDRESS:

AGE:

OCCUPATION:

HOW DID YOU LEARN ABOUT US:

HISTORY

ARE YOU PREGNANT?

Yes / No

ACUTE INJURY

Yes / No

If yes, please elaborate:

DO YOU HAVE ANY OTHER PHYSICAL/MENTAL/EMOTIONAL HEALTH CONDITIONS?

Yes / No

ARE YOU TAKING PRESCRIBED MEDICATION?

Yes / No

If yes, please list:

DO YOU HAVE ANY ALLERGIES/INTOLERANCES TO ANY ESSENTIAL OILS, HERBS, OR ANYTHING ELSE WE NEED TO KNOW ABOUT?

WHAT SERVICE ARE YOU REQUIRING? CIRCLE OPTION(S) BELOW:

Counselling / Bodywork / Counselling Program / Couples Work /
Online Counselling

ARE YOU HAPPY TO RECEIVE NEWSLETTERS, UPDATES OR SPECIALS?

Yes / No

Ora Well's role is to support and enable you in reaching your own wellness outcomes. Your success depends primarily on your own effort, motivation, commitment and follow-through. We cannot and do not guarantee that you will attain a particular result. You accept and understand that results differ for each individual.

I understand that an Integrated Counsellor does not diagnose illness, disease or any other physical or mental disorder.

Ora Holdings Ltd is not liable for any accident/injury that may occur to you on the premises.

Our products are not harmful. We do not take responsibility for any reactions that may occur. If any discomfort is experienced please inform the therapist immediately. If you know that you have a reaction to various products such as aromatherapy, please inform us, or that you have an underlying physical or emotional issue that may be exacerbated by any techniques or interventions used by the Ora We Therapist.

PRINT NAME:

SIGNATURE:
