



Phone: 612-709-2111
sagemindandbodymn@gmail.com

2090 County Road 42 W Suite 102
Burnsville MN 55337

Date: _____

Personal Information

Name: _____

Address: _____

Phone: _____ Alt. Phone: _____

Email: _____

DOB: _____ Age: _____ Height: _____

Weight: _____ Weight 6 months ago: _____ Weight 1 year ago: _____ Goal weight: _____

Social Information

Relationship Status: _____ No. of Children: _____ No. of Pets: _____

Occupation: _____ Hours worked/week: _____

General Health & Lifestyle

What are your health and lifestyle goals? What would you like to change or improve? _____

Other concerns and/or goals? _____

At what point in your life did you feel the best? _____

Any serious illnesses, hospitalizations or injuries? _____

How is/was your mother's health? _____

How is/was your father's health? _____

Any pain, stiffness or swelling? _____

Any constipation, diarrhea or gas? _____

Do you experience any allergies (food, environmental, etc.)? If yes, please describe: _____



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Lifestyle

Do you exercise regularly? If so, what type of exercise and how often? _____

Do you currently smoke? _____ How long have you smoked? _____

Have you ever smoked? _____ If so, when did you quit? _____

How would you rate your sleep (10 being great, 1 being poor)? _____

How many hours do you sleep? _____ Do you wake up at night? _____

Do you struggle falling asleep? _____ Why? _____

Rate your level of stress (10 being overwhelming, 1 being very little stress):

Work/School: _____ Family: _____ Home: _____

Do you have any specific spiritual practice? If so, please describe: _____

Do you feel your family and/or friends will be supportive of your desire to make food and/or lifestyle changes? _____

Please circle the words that describe your emotional well-being: Happy Content Eager Excited

High Energy Positive Calm Grounded Exhausted Tense Restless Anxious Tired

Low Energy Indecisive Chaotic Uninspired Negative Resistant to Change Tearful

Judgmental Angry Sad Like you want to hide away Stressed Depressed In your head

Please write any other words that come to mind when you think of your emotional well-being: _____

Diet

Do you drink caffeinated beverages? _____ If so, how many per day? _____

Describe the foods you eat:

Breakfast:

Lunch:

Dinner:

Snacks:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What percentage of your food is home-cooked? _____

Where do you get the rest of your food? _____

Do you crave any specific foods? If so, what foods? _____



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Medical

Have you had an exam in the last year? If so, how were the results? _____

Please list any medications you are currently on: _____

Please list any supplements you are currently on: _____

Are you under the care of any healthcare practitioner, chiropractor, acupuncturist, healer? _____

Women's Health

Is there a possibility that you are pregnant? _____ Are you trying to conceive? _____

Are you nursing? _____ Are you currently on birth control? _____

Are your periods regular? _____ How many days is your flow? _____ How frequent? _____

Painful or symptomatic? Please describe: _____

Have you reached or are you approaching menopause? _____

How many children do you have? _____ How many pregnancies? _____

Did you have any difficulties with your pregnancies? _____

Additional Comments/Concerns:



Medical History

Please check any conditions that may apply to you. Also, please note if either of your parents or maternal or paternal grandparents had or have a history with any condition.

	Condition	You	Maternal	Paternal	
General:	Allergies				
	Cancer				
	Dizziness				
	Epilepsy				
	Fainting				
	Fatigue				
	Headaches				
	Mental disorder				
	Nervousness				
	Numbness				
Muscles & Joints:	Arthritis				
	Backache/Upper				
	Backache/Lower				
	Broken bones				
	TMJ/Jaw pops				
	Spinal curvature				
	Sprained				
	Stiff neck				
	Swollen joints				
	Gastrointestinal:	Belching			
Constipation					
Abdominal pain					
Colitis					
Urinary:	Excessive urination				
	Water retention				
Women:	Menopausal				
	Hot flashes				
	Mood swings				
	Irregular cycle				
	Breast lumps				
	Infertility				
	Vaginal discharge				
	Lower back pain				
Cardiovascular:	Heart attack				
	Heart disease				
	High blood pressure				
	Low blood pressure				
	Chest pain				
	Poor circulation				
	Swelling of joints				
	Stroke				
	Heart murmur				
	Ears, Eyes, Nose, Throat:	Asthma			
		Earache			
		Eye pains, dry/wet			
		Failing vision			
		Glaucoma			
Sinus infection					
Sore throat					
Sinus congestion					
Skin:		Acne			
		Boils			
	Dryness				
	Itching				
	Varicose veins				
Respiratory:	Inflamed				
	Sensitive				
	Asthma				
	Chest pain				
	Difficulty breathing				
	Dry cough				
	Spitting blood				
	Congestion				



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Client Bill of Rights

- Business Information:
Samantha Boerner DBA Sage Mind and Body
Aromatherapy, Health & Lifestyle Guidance
2090 County Road 42 W Ste 102
Burnsville MN 55337
612-709-2111
- Degrees & Training: I hold a Level 1 Aromatherapy Certification from the New York Institute of Aromatic Studies (with Level 2 in process) and a Bachelor's Degree in Healthcare Administration from Liberty University. I am a student at the Institute of Integrative Nutrition and will receive my Integrative Nutrition Health Coaching certification on January 1, 2020.
THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATIONAL PURPOSES ONLY.
- Pricing for Aromatherapy:
 - Initial Consult (45-60 min) - \$30
 - Aromatherapy Session (30 min) - \$45

*The aromatherapy sessions do not include the price of products. Pricing for custom products vary based on the size, oils used and product type.
- Pricing for Health & Lifestyle Guidance:
 - Health & Lifestyle Guidance (In Person or Virtual)
 - Initial Consult (45-60 min) - \$30
 - Health & Lifestyle Guidance (60 min) - \$70
 - 3-Month Health & Lifestyle Guidance Program - \$350
 - Package of 3 sessions (60 min each) - \$195
 - Package of 6 sessions (60 min each) - \$372
 - Health Foods Store Tour (60 min) - \$60
 - Pantry Makeover (60 min) - \$60

*Health & Lifestyle Guidance prices are 30% off the price listed above until January 1, 2020 (excluding the initial consult). I am currently a student at the Institute of Integrative Nutrition and will be certified January 1, 2020.
- Payment types accepted: Cash, Visa, Mastercard, Discover, American Express, Venmo
- The client has a right to reasonable notice of changes in services or charges
- Summary of Services: When you work with me, your experience will be unique, just like you! I like to use a customized approach for each client I work with, depending on your needs, goals, and desires. I offer a combination of health and lifestyle guidance, as well as aromatherapy via custom blended essential oil products that I make myself. Regardless of who you are or where you're at on your wellness journey, I am here to listen to you, and to provide you with unconditional support as you navigate your own pathway toward greater happiness and health!
- Clients may expect courteous treatment and are free from verbal, physical or sexual abuse by the practitioner.
- Client records and transactions are confidential, unless compelled to by law.
- Clients are allowed access to records and written information.
- Clients may refuse services, unless provided by law.

Client Signature: _____ Date: _____



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Informed Consent

General

- Sage Mind and Body will keep all client information private, and will not share any client information to any third party unless compelled to by law.
- I have chosen to work with Sage Mind and Body and understand that the information received should not be seen as medical or nursing advice and is not meant to take the place of seeing licensed health professional.
- If I need to cancel or reschedule any appointment, the client must do so at least 24 hours in advance otherwise I am responsible for the \$50 late cancelation fee.

Aromatherapy

- I understand that the consultations are designed to gather information so that my practitioner is able to design and create aromatic products based upon my unique needs and for the express purpose of supporting health and well-being through lifestyle changes, health habits, and healthy mental well-being.
- I understand that my practitioner does not diagnose, prevent or treat any illness, disease, or any other physical or mental condition. I understand that I am consulting with this practitioner for educational purposes only, of my own free will.
- I understand that aromatherapy and essential oils are not a substitute for medical treatments and it is recommended that I see a qualified professional for any physical or mental condition that I may have. I understand that any evaluation cannot determine a specific disease or condition I may have, and that it does not replace the diagnostic services offered by licensed physicians.
- I understand that my practitioner will not suggest that I cease medical care I am undertaking. I understand that the decisions I make regarding my health care are my sole responsibility and I will not hold Sage Mind and Body responsible for the consequences of my decisions.
- I understand that my practitioner neither claims, nor implies, that any instruction, advice, counsel, suggestions, recommendations, services, or products she provide, whether in person or by mail or by telephone, will cure, treat, prevent, or mitigate any disease condition; but are provided solely for the purpose of supporting the natural function of the body symptoms, and to improve general health and well-being.
- I understand that if a reaction occurs, I will discontinue use of the product and seek medical attention.

Health and Lifestyle Guidance

- I understand that the role of my guide is not to prescribe or assess micro- and macronutrient levels; provide health care, medical or nutrition therapy services; or to diagnose, treat, or cure any disease, condition or other physical or mental ailment of the human body. Rather, be a mentor and guide who is being trained in holistic health coaching to help clients reach their own health goals by helping clients devise and implement positive, sustainable lifestyle changes.
- I understand that my guide is not acting in the capacity of a doctor, licensed dietician-nutritionist, psychologist or other licensed or registered professional, and that any advice is not meant to take place of advice by these professionals. If I am under the care of a health care professional or currently use prescription medications, I should discuss any dietary changes or potential dietary supplements with my doctor, and should not discontinue any prescription medications without first consulting my doctor.
- I understand that the decisions I make regarding my health care are my sole responsibility and I will not hold Sage Mind and Body responsible for the consequences of my decisions.
- I expressly assume the risks including risks of trying new foods or supplements, and the risks inherent in making lifestyle changes. I release Sage Mind and Body from any and all liability, damages, causes of action, allegations, suits, sums of money, claims and demands whatsoever, in law or equity, which I ever had, now has or will have in the future against Sage Mind and Body unless arising from the gross negligence of the health and lifestyle guide.

Client Signature: _____ Date: _____