

**Life Vessel Arizona**  
**33747 N Scottsdale Rd Ste. 115**  
**Scottsdale, AZ 86326**  
**(480) 488-7780**

**CONFIDENTIAL CLIENT APPLICATION**

Client: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship Status: Single Married Partner Separated Divorced Widow Widower

Spouse/Partner Name: \_\_\_\_\_ # of children \_\_\_\_\_

Occupation: \_\_\_\_\_ Do you enjoy your job? Y N

Primary Reason for seeing us: \_\_\_\_\_

Health Concerns: \_\_\_\_\_

Health Goals: \_\_\_\_\_

What are your expectations: \_\_\_\_\_

Check conditions listed below which you have experienced: Use P for over a year ago, C for current

METABOLISM

- Weight Gain
- Weight Loss
- High/Low BP
- blood sugar

DENTAL

- Tooth Problems
- Root Canals
- Amalgam Fillings
- Difficulty chewing

DIGESTION

- Heartburn
- Abdominal Pain
- Gas/Bloating
- Diarrhea
- Constipation
- Blood in stool
- History of Ulcers
- Colitis
- Liver Disease

FEMALE

- Pregnant
- Problems with periods
- Excessive Bleeding
- Breast Tenderness
- Breast Implants
- Menopausal Symptoms

SKIN

- Rash
- Change in Mole
- Dry Skin
- Acne
- Recent Botox
- Any recent substance injection under skin

CHEST

- Chest Pain
- Palpitations
- Cough
- Shortness of Breath
- Asthma

URINARY

- Frequent Urination
- Difficulty starting Urination
- Urinary Incontinence

STRUCTURAL

- Arthritis
- Bursitis
- Osteoporosis
- Foot/Ankle Swelling
- Blood Clots/Phlebitis
- Varicose Veins
- Recent Surgery
- Neck Pain/Problems
- Back Pain/Problems
- Sciatica

NEUROLOGIC

- Numbness or Tingling
- Weakness
- Insomnia
- Poor Balance

EYES/EARS/MOUTH

- Headaches
- Dizziness
- Ringing in Ears
- Blurred Vision
- Sinus Problems
- Difficulty Swallowing
- Mouth Sores

ALLERGIES

- Medications
- Chemicals
- Foods
- Plants

IMMUNE

- Chronic Fatigue
- Fibromyalgia
- Yeast Infections
- Arthritis

**Medications, Herbs, Supplements (list name, dose, and purpose)**

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We recommend drinking 128 oz (16 cups) of water daily starting on the day before your first Life Vessel session and for the next 25 days. Do you expect any difficulty with this? Y N

Explain: \_\_\_\_\_

How much do you use? Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_

Coffee/Tea \_\_\_\_\_ Drugs \_\_\_\_\_

Injuries/Accidents? Y N When & Describe \_\_\_\_\_

Traumatic life events leading to any illness: \_\_\_\_\_

Toxic Exposures: \_\_\_\_\_

Describe other medical conditions that we should be aware of: \_\_\_\_\_

Cancer  Heart Problems  Stroke  Seizures  Diabetes  MS

Other: \_\_\_\_\_

Areas in body of complaint or tension: \_\_\_\_\_

Surgeries with dates (include location of metal plates/rods/screws) \_\_\_\_\_

Family medical history:  Diabetes  Heart Problems  High BP  Cancer  Alzheimer's

Other: \_\_\_\_\_

Current Pain Level (1=very low, 5=very high): 1 2 3 4 5 Explain: \_\_\_\_\_

Current Stress Level (1=very low, 5=very high): 1 2 3 4 5 Explain: \_\_\_\_\_

Current Energy Level (1=very low, 5=very high) 1 2 3 4 5 Explain: \_\_\_\_\_

Describe any specific medical attention or assistance you will need while visiting our center. \_\_\_\_\_

Will you be bringing a caregiver, nurse or spouse with you? \_\_\_\_\_

Do you believe thoughts and intentions can affect your health? Y N      Do you believe it is possible to change them? Y N

Please circle the word that best describes your current state of health:

Excellent    Good    Average    Improving    Declining    Serious    Debilitated

What brings you joy? \_\_\_\_\_

Please circle the most emotional draining relationship or relationship in your life:

Significant Other      Job      Children      Your Relationship with Yourself      State of the World

Is your home environment peaceful or stressful most of the time? \_\_\_\_\_

Do you have trouble concentrating, or 'brain fog'? Y N    Do you feel supported? Y N

What drives you, inspires you, gives you a sense of purpose: \_\_\_\_\_

Please check the emotions that best reflect how you feel most of the time:

<input type="checkbox"/> Joy	<input type="checkbox"/> Sad	<input type="checkbox"/> Excited	<input type="checkbox"/> Optimistic
<input type="checkbox"/> Anger	<input type="checkbox"/> Depressed	<input type="checkbox"/> Passionate	<input type="checkbox"/> Terrified
<input type="checkbox"/> Resentment	<input type="checkbox"/> Hopeless	<input type="checkbox"/> Safe	<input type="checkbox"/> Anxious
<input type="checkbox"/> Peaceful	<input type="checkbox"/> Despair	<input type="checkbox"/> Calm	<input type="checkbox"/> Alone
<input type="checkbox"/> Happy	<input type="checkbox"/> Blissful	<input type="checkbox"/> Afraid	

Do you adhere to any particular diet? \_\_\_\_\_

Do you drink filtered or purified water? Y N

Describe your exercise/activity routine: \_\_\_\_\_

Do you have a meditation or relaxation practice? \_\_\_\_\_

Do you have a strong spiritual belief system? \_\_\_\_\_

Are you in fear regarding your health? \_\_\_\_\_

Do you listen to your intuition? Y N

Regaining well being requires a strong personal commitment. How ready are you to make the lifestyle changes, the diet changes and the attitude changes that may be necessary to good health?

Ready                  Somewhat                  Not looking to make changes

I have read the above information and have filled out the form to the best of my knowledge. I understand that the questions on this form are being asked in order to better access my current circumstances and their relationship to my well being. I further understand that I am voluntarily agreeing to have a relaxation therapy session in the Life Vessel™ and that no medical claims or promises of healing have been given.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After appointments have been scheduled and confirmed, we recommend the following:

1. **Plan to dress comfortably when visiting the Life Vessel Center.** Remember that at certain times of year, it can be very hot in Arizona. Choose your clothing accordingly. We also ask you to refrain from wearing any perfumes or colognes. All metal, including jewelry must be removed. Pacemakers and implanted metal are permissible. No other attachments are allowed into the vessel.

The vessels are large and roomy. Although there is light and sound frequency, it is not enough light for reading. We suggest you be prepared to lie in the vessel for the hour and relax. It doesn't matter whether a person sleeps, and it doesn't matter if the eyes are open or closed. It's easy to get into and out of the vessel and although the front doors close, a simple push and they completely open up.

2. **Use the days you are here to relax and heal.** Long walks and hiking, shopping and visiting local tourist attractions is discouraged. Prepare to give yourself the gift of health. Your health is the most important thing you have. It should be your priority in life above everything else. Your health allows your joy, love, productivity and creativity to flourish.
3. **Should you plan more than one visit to the Life Vessel?** Everyone is different, thus the number of sessions is dependent on the individual. An initial interview will be conducted to determine a protocol specifically for each client. The average number of sessions per client is eight to twelve. Factors that can be controlled by the individual which would aid the healing process are: drinking the required water, eating a good diet and staying away from stimulants such as coffee, tea and nicotine, eliminating the use of alcohol or drugs, avoiding emotional, environmental or physical trauma, getting enough rest and the *big one*..... try to avoid STRESS. Factors inherent to the individual's disorder that would increase the number of sessions required are: genetic defects, neurological, bone or muscle damage, chronic viral, bacterial or fungal disease and cancer.
4. **On the first scheduled appointment day,** arrive with completed paperwork. The intake procedure usually takes one hour. The Life Vessel session takes one hour +. Plan on a two hour stay the first day. Unlike some medical offices, we run on-time and rarely do people have to wait over just a few minutes. We do not over-schedule but plan more than enough time for each individual.
5. **Please reschedule any chiropractic,** massage, acupuncture, biofeedback, or any other energy work. These appointments need to be a minimum of 21 days after your last Life Vessel appointments or 3-5 days prior to your next appointments. Also, homeopathics are considered an energy therapy that will interact with the Life Vessel energy. It is recommended that all homeopathics be discontinued while under going the Life Vessel sessions.

6. **Commit to drinking a minimum of one gallon of water a day** once your first Life Vessel session has taken place. This is a requirement and we will be unable to continue sessions unless you are prepared to do so.
7. **Complete all forms and bring them with you to your first visit.**
8. **Cancellation Policy requires a two (2) week notification** or payment for one-half of sessions will be required.

X

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By signing this form, you the client, are agreeing to all the above.