

Whole Child Training

PLEASE PRINT NEATLY!

Today's Date: _____

Last Name: _____ First Name (what child prefers): _____

Address: _____ City, State, & Zip: _____

Home Phone: _____ Date of Birth: _____ Age: _____ Sex: _____

Father's Name and Cell Phone: _____ Father's E-mail Address: _____

Mother's Name and Cell Phone: _____ Mother's E-mail Address: _____

Names with Ages of People Living With Child: _____

How did you hear about Whole-Child Training? / Who referred you?

What is your main reason for seeking out this service? / What is your primary objective?

Circle and explain if your child is currently taking any of the following:

Prescription drugs

Herbs

Homeopathic Remedies

Supplements

Does your child follow a special diet? If yes, explain

Hours of sleep per night: _____ Circle the quality of sleep: (Excellent / Good / Average / Sporadic / Poor)

List any history of significant falls, accidents, and injuries (give dates):

List any history of hospitalizations and surgeries (give dates):

List any history of significant mental and emotional trauma (give dates):

List additional resources you use for your child's development:

On a scale of 0-100, how would you grade your child's overall: Physical State? _____ Mental State? _____ Emotional State? _____

Please include any additional information that will help us understand and serve your child better:

STATEMENT OF OBJECTIVE/AGREEMENT:

The purpose of this side of the form is to clearly state the objective of Whole Child Training. Initial each statement in the space provided to the left to indicate your understanding of 1) the services of Whole Child Training and 2) the obligations you have to your child:

- _____ I, the undersigned, understand that Whole Child Training focuses exclusively on wellness education.
- _____ I understand that Whole Child Training is NOT an alternative to professional therapy or counseling.
- _____ I understand that Michael A. Scimeca is an educator who practices Whole Child Training.
- _____ I understand that Michael does NOT name or treat symptoms or conditions of any kind.
- _____ I understand the objective of Whole Child Training is to help my child achieve a greater level of confidence independent of any mental/physical symptom(s) he may be experiencing.
- _____ I understand that Michael does NOT discourage me from seeking a diagnosis and treatment for any symptom(s), condition(s), or ailment(s) my child may be experiencing.
- _____ I fully understand that Whole Child Training is NOT treatments of any kind.
- _____ I understand that I am fully responsible for receiving proper diagnosis and treatment expeditiously for any known or unknown condition(s) my child may have.
- _____ I shall not confuse the services I receive from Whole Child Training with fulfilling any responsibilities I have toward getting my child conventional care expeditiously for any known or unknown condition(s).
- _____ I understand that any health concern(s) I may have about my child should be brought to the attention of a licensed healthcare professional properly trained in and actively practicing the science and art of diagnosis and treatment.
- _____ I fully understand that Michael does NOT practice the art of diagnosis and treatment.
- _____ I understand that Whole Child Training promotes new ways of thinking and interacting in the world.
- _____ I understand that the services provided during Whole Child Training is for increasing a child's resources.
- _____ I understand that any suggestions or recommendations I receive from Whole Child Training is neither prescriptive advice nor a replacement for professional counseling or therapy.
- _____ I understand that I should address any mental health concern(s) I may have about my child with a licensed mental health professional.
- _____ I understand that if my child has a mental illness or psychological problem (including but not limited to depression and anxiety) that it is recommended I seek professional help from a properly licensed medical professional.
- _____ I understand that all actions I take, including the choice to explore Whole Child Training for my child, are purely of my own volition.
- _____ I understand that I have the sole responsibility to present question(s) or concern(s) I may have regarding policies, procedures, and objectives of Whole Child Training.
- _____ I understand that a questionnaire may be used to monitor my child's progress with Whole Child Training.
- _____ I understand that Michael cannot be held responsible/liable in any way for decisions I or my child make as a result of Whole Child Training.
- _____ My use of information obtained through Whole Child Training certifies that I have read this entire statement of objective/agreement and hereby for myself, my heirs executors and assigns, waive, release and hold harmless Michael A. Scimeca from any and all claims, demands, liabilities, rights, or causes of action arising out of or in connection with my child's participation in activities of Whole Child Training.
- _____ I agree to defend, indemnify, and hold Michael A. Scimeca harmless from and against any claims, actions or demands, liabilities and settlements including without limitation, reasonable legal and accounting fees, resulting from, or alleged to result from, my violation of the terms and conditions of this Agreement.
- _____ I am signing this Statement of Objective/Agreement voluntarily and not under duress of any kind.
- _____ I, the undersigned, choose to explore Whole Child Training for my child for educational purposes.
- _____ I understand that, unless prior arrangements have been made, payment is due in full at the time services are provided.
- _____ My signature below indicates my understanding and acceptance of all the above.

For the parent or guardian of a minor child:

- _____ I, the undersigned, state that I am the legal parent or guardian of the minor child listed on this form.
- _____ I fully understand the objectives of Whole Child Training and how they apply to my minor child.
- _____ I give consent for my minor child listed on this form to receive education from Whole Child Training.

Signature: _____ Date: _____