

Dear Friend,

Thank you for your interest in *Moon Healing Studio*,

Nearly everyone wants a healthier body and a better quality of life. It is the direction of our culture. We invite you to join us on this journey.



Our work with thousands of Practice Members shows us that:

- Healthy people & people with great lives have bodies that are softer and more flexible than do people who are experiencing more illness or disease. Healthy people also breathe more.
- We do not have to be forceful; we can provide gentle care that creates long lasting results.
- No matter what else we do for ourselves (diet, exercise, drugs, meditation, etc.) our body and mind can function more effectively when there is less tension in our nervous system.

Enclosed you will find the following:

- *A Statement of Purpose*
- *A History form*

Please read and complete all enclosed information prior to your initial visit.

We look forward to meeting you.

Warmest Regards,

Melissa L Moon, Health Facilitator

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Statement of Purpose *A Statement of Clinical Objectives*

Our purpose in sharing this statement of clinical objectives is to clearly define our approach to health, healing and those we serve in this office. We wish to clearly communicate our responsibilities in this exciting relationship.

The following concepts are central to the way in which we care for others. We are pleased to share these ideas with you so our purpose can be in alignment from the very beginning.

There is an intelligence within each individual which not only keeps that person alive, but also coordinates, repairs, renews and heals every cell of the body.

The nervous system is the main distribution center and coordinating system for this intelligence. Proper coordination, repair, movement, healing and genetic potential cannot be fully expressed when this life power and intelligence is suppressed.

The purpose of the entrainments given in this office are to train the nervous system, creating greater communication between your mind, body and life, thus promoting better health, vitality and sense of wellbeing. Everyone, in spite of specific symptoms or ailments, can benefit from more vitality & enhanced wellness.

Symptoms are not necessarily a sign of illness; they can occur to alert the individual of the need for change. This is central to how we care for others. If you want to become healthier and use your symptoms to motivate change in behavior, you are in the right place!

By their very intent, various treatments may interfere with the functioning of the nervous system. This may include drugs such as pain relievers, muscle relaxers, anti-inflammatory compounds and mood-altering medication. This can often prolong the time required for advancement in care.

Medication levels may need to change, please have a good relationship with your medical doctor. We will not venture into the practice of medicine by advising about the need for reduction of medications. We suggest you speak with your physician to determine the objectives and goal to be obtained by receiving a particular medical treatment. Determine if this is consistent with your desire for wellness at this point in time. Your physician may guide you in changing any medication or treatments you are presently utilizing to accommodate for your changing body-mind.

Consistent with the above concepts, we train peoples' nervous systems and care for people using the techniques we believe to be the most honoring and effective.

Sincerely,

Melissa L Moon

I, _____, have read this statement of purpose and understand its contents. I understand that the care offered in this office is not a replacement for any form of treatment provided by other types of practitioners. I understand that I am not being treated for any condition or symptom. This office offers ELAN Healing Systems as a form of health and wellness care, to promote the natural mechanisms for self-healing and empowerment, as compared to specific target treatment.

Signature: _____ Date: _____



History

Name _____

Date _____

Address _____

City _____ Zip Code _____

Phone (H) _____ Email _____

Referred By _____

Date of Birth _____ Age _____ Height _____ Weight _____

Your Health Concerns

1. Do you have any current health concerns? If so, please describe.

2. When did this situation or concern begin?

3. Have you ever been hospitalized? Yes No

If yes, what was done to you?

4. Have you had surgery?

5. Do you still have all your body parts?

6. Have you consulted a physician or any other health care provider in the past three months?
Yes No

7. What is/was the reason for the visit(s)?

8. What was done or suggested?

9. Please list drugs, when prescribed and reasons for taking them.

10. Do you have an exercise, meditation, prayer, nutritional or dietary program? Yes No

Please

explain _____

11. Have you ever significantly injured your body? Yes No

A) Date of most significant injury:

B) What happened?

C) Date of most recent injury?

D) What happened?

12. Have you broken any bones or significantly sprained part of your body? Yes No
Please explain _____

13. How much confidence do you have in your family MD 1-10? (10 is highest) _____

14. How much confidence do you have in your body's ability to heal itself, 1-10? _____

15. To what age do you want to live? _____

16. How important is your health? 1-10 _____

1. When stressed, how do you "center yourself" or "re-group"?

2. Is there some aspect of your life that very much pleases you, brings you joy, or helps you to feel better about yourself? _____

3. Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, dietary programs, exercises, outlook, etc. that you feel impair your opportunity for full glowing health? _____

4. Are there any particular factors or elements about your life, experiences, family, work, recreation, past injuries, genetics, dietary programs, exercises, outlook etc. that you feel give you an edge, or adds to your health? _____

5. How do you rate your physical health?

Excellent Good Fair Poor Getting Better Getting worse

6. How do you rate your emotional / mental health?

Excellent Good Fair Poor Getting Better Getting worse

7. If you consider yourself ill, why do you feel you are ill?

8. If you consider yourself well, why do you feel you are well?

9. What are some of your healthy sources of energy? _____

10. Where do you get energy that does not really serve you, or is unhealthy?

11. Where are you most irresponsible?

12. What are you addicted to? (Alcohol, sugar, adrenalin, etc.)

13. Why are you considering hiring us as your health advocate?

14. How will you know when your reasons or goals for being at this office have been met?

15. What consumes your time that does not give you a wonderful present or future?

16. Is there anything else you wish to share which may help us to better understand you or why you have chosen to be seen at **Moon Healing Studio**?

*Thank you for considering the services offered at **Moon Healing Studio**... Let go and lean into your greatness. We look forward to assisting you on your journey of health, wellness and an enriched life.*

Melissa Lynn Moon