



Application and Assessment Form: Date _____

Name _____

Address _____

Contact No.s _____

Email Address _____

GP Address/No. _____

Consultant Add/No. _____

Next of Kin _____ D.O.B _____

Symptoms/Diagnosis -please list ALL symptoms physical, emotional and mental health

When /how did they start? _____

Medication

How did you hear about this consultation/Kazy? _____

Allergies _____

Vaccine History _____

Do you have any amalgam fillings? _____

Do you have any children? _____

Previous Therapies & Treatments

Previous Health History /Symptoms Please list ALL including mental health

Out of a score of 10 where 10 is definitely yes and 0 is definitely no....

Do you believe it is possible resolve your symptoms?

How much do you feel you deserve to resolve your symptoms?

Are you willing to commit applying your whole-self and work WITH your practitioner as a team: and to put into practice advise given?

Do you recognize that the body affects the mind and the mind affects the body?

Are you happy you have spent enough time asking any questions you may have; and that you are happy to go ahead? (If not you should do so before signing this form)

Shine is a highly personalized, comprehensive and integrated Body - Mind - Soul

Extensive Consultation over a 3 day booking, and followed up by ongoing single sessions as required (charged separately). Shine looks extensively into the unique structure of each individual's illness/condition physically, emotionally and spiritually, with a view to assisting/supporting unraveling and resolving dis-at ease. Shine is based and rooted from the trainings and studies of clinical ecology (full consultation and tests included), neuro-linguistics, nutritional & orthomolecular science, emotional therapies (nlp, hypnotherapy, life-coaching), deep trauma resolution, energetic & vibrational medicine as well as the biology and science of the human being, and coupled with intuitive energetic assistance and integrated with the studies of quantum physics and the universal laws of attraction. Shine is based upon clinical biology, emotional psychology and concept principles of the 3 brains - the head/brain - gut pancreas/adrenal body - and the heart/emotion/soul! All connected by the nervous system! And aims to support the individual to come into their full BEING. Energy work, realignment and past life clearance with Kazy (and Lu Jones) is optional.

Each shine consultation will be bespoke and uniquely pitched to the individual as appropriate, so attention to the necessary is not lost to any area where not applicable.

Shine requires the individual to be committed, honest and open to engage fully with the practitioner. Shine aims to assist the individual on his/her journey, at the pace and over the time required by the client. Shine does not assume or claim responsibility for the health of any individual and cannot guarantee results. It is a personal decision to seek out the trainings and assistance of the practitioner, (a coming together for this part of your journey), for which the client wholly takes responsibility. This is your journey, your life!

My Commitment to You

I will be wholly committed to you on your journey over during the Shine Consultation and after for as long as you require. My job is to enable you by working together, and show you HOW you might get the resolve you desire.

I will work with you to the highest professional & ethical standards with care, integrity & honesty at all times. I will be flexible and attentive to your specific details - You are unique and will be treated accordingly- you were born to soar and be magnificently YOU!

What I Expect from You

Willing, Ready & Open to participate fully during the consultation. You will be required to address beliefs about your health, negative patterns/habits/issues/symptoms, other health professional opinions, relationships and the future. You will be required to be flexible in your thinking and honest at all times.

To use the skills and tools taught consistently, to apply and follow through advise given at each session and through to next as best you can.

What Would you Like to Achieve by Attending Shine Consultation(s)?

Please list some of the things you would love to do if you resolved your symptoms & lived life how you really want to:

Any Information or Comments you would like to add?

Please read and sign the terms and conditions and then you may Please send your completed form with 50% deposit to:

Kazy Vincent-Janes
Betchworth House
Main St
Chideock, Bridport
W.Dorset DT6 6JW



Betchworth House
Main St
Chideock Bridport
W.Dorset DT6 6JW
01297 489894

kazy@kazyvincentjanes.co.uk
www.kazyvincentjanes.co.uk

Terms & Conditions

I _____ agree to the following;

All rights to this material are reserved to the rights of Kazy Vincent-Janes. ©

No materials shall be copied, distributed or stored in anyway whatsoever and shall remain the sole property of Kazy Vincent-Janes.

The contents of materials and all related services do not guarantee results and no attempt to diagnose, treat to cure any condition or symptoms is ever intended or given. The information shared or advised is not intended to replace medical advice. Always consult your medical physician.

The materials and all related services are intended as training and therapeutic assistance for personal learning or as an advisory service only. The client is deemed wholly responsible for his/her health, and his/her choice to seek services provided from the practitioner (Kazy Vincent-Janes) - always consult your medical practitioner.

All liability and responsibility for attendance, possessions, loss of any form and any personal risk to the client shall remain wholly with the client at all times. The client has the right to withdraw at anytime from the sessions and any related services.

Cancellations - No refund will be given within 14 working days or less of the booking dates of Shine 3 days in the case of cancellations. Follow up sessions and clinical sessions booked are subject to cancellations fees at the full hourly rate. Follow up sessions are highly recommended and essential for the methodical process of clinical advice after the initial appointment/session/training dates and are charged at the current hourly rate listed on the website www.kazyvincentjanes.co.uk .

The practitioner Kazy Vincent-Janes reserves the right to terminate any appointments or services at any time without notice if the client does not adhere to the terms laid out on this page, or for any other unforeseen reasonable reason.

The client shall remain wholly responsible for all beverage, food, supplements or medicines consumed on the premises, or outside of the clinical hours.

The client shall give full medical information as requested on this form including mental health history. All applications where the client is currently under a mental health team will need to get consent from their consultant or team liason officer that they are happy for consultation to go ahead. Contact between the practitioner and your consultant will be mandatory.

Prior to consultation please complete this form by reading carefully. Tick the all circles, apply name and signature at the bottom if you are happy to proceed.

- I agree to take full responsibility for my health and declare that any advice relating to clinical ecology, clinical therapies or trainings that I chose to follow wholly of my own choice and responsibility.
- I acknowledge this is an advisory service only which I have sought entirely of my own free will; that I am liberty to follow in-part, wholly or not at all at any time imparting no responsibility or blame to the practitioner on or outside of the premises at any time.

- The practitioner shall not be held responsible for any unforeseen reactions to any advise and it my responsibility to stop anything that I feel does not suit me.
- I understand that this does not replace medical attention, nor is intended to diagnose or treat in any way. I shall remain registered with my GP at all times, seek medical attention as required and will check first and inform my GP of any advice I choose to follow.
- I promise to declare all medical information pertaining to myself, and that of any allergies or allergic reactions I know of. Please note your practitioner does NOT carry Epipen.
- If at any time you in any doubt whether to take a supplement, have an unforeseen reaction or are unsure to continue with advised guidelines, always STOP immediately and consult your practitioner, and or seek medical help from your GP. Bring the product with you to the next appointment.
- I take full responsibility for choosing to take any clinical ecology tests for the purpose attaining indicative information. And acknowledge they do not replace medical tests.
- I take full responsibility for all food, beverages and supplements that I source and ingest in or outside of the clinic.
- Whilst all due care and attention to adhere to health & safety guidelines and policy at all times, I agree to take full responsibility for myself and my possessions at all times, and enter the premises of practice at my own risk.
- I agree to pay the session fees no later than the day of the appointment. Late payment will be charged at £5:00 per day thereafter unless alternative arrangements have been formerly agreed with the practitioner. Current fees are displayed at the bottom of each service page on the website www.kazyvincentjanes.co.uk.
- Additional consultations by phone call, email or skype are available in-between your clinical sessions. Please text 07990 515777 to arrange an appointment. Fee charged to the nearest half hour.
- Clinical Consultation by email for received/sent replies are available kazy@kazyvincentjanes.co.uk. Fee charged at the half hourly rate per email.
- I agree to pay cancellations made 48 hours or less at the full appointment rate.
- I declared to have written full current and historical medical information including mental health to be true and as completeto the best of my ability.

Full Name _____

Signature _____ Date _____

Please send your completed form with 50% deposit to:

Kazy Vincent-Janes
 Betchworth House
 Main St
 Chideock, Bridport
 W.Dorset DT6 6JW

