

Client Intake Form

Client Information

Name _____

Phone (day) _____ (evening) _____

Mailing address _____

City, State, Zip _____

E-mail _____ Birthday: _____

Emergency Contact name _____

Phone _____ Relationship _____

General Information

How did you hear about us?

Have you ever had energy healing before? yes no If yes, what modality? _____

If yes, for what purpose? (general wellness, stress reduction, etc.)

What do you hope to accomplish with this healing session?

relaxation stress reduction pain reduction other – please explain

What are your common areas of pain or tension?

List any areas you would like to concentrate on during the session:

Would you prefer a hands-on or hands-off session?

Do you have any concerns related to your session or is there anything else we should know?

Treatments, Prescription and OTC medications client is currently receiving:

Medical History- Major Illnesses / Operations & Name of Primary Care Physician

Any Additional Comments