



Client Information

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

In Case of Emergency, notify: _____ Phone: _____

Occupation: _____

Have you had any type of professional bodywork/energy work before? _____

If yes, what type? _____

Medical Information

Do you have, or have you had a history of any of the following?

☐ Headaches ☐ Asthma ☐ Arthritis ☐ High Blood Pressure ☐ Epilepsy ☐ Diabetes ☐ Insomnia
☐ Joint pain ☐ Circulatory Problems ☐ Digestive Problems ☐ Allergies ☐ Cancer ☐ Sinusitis
☐ Constipation ☐ Varicose Veins ☐ Cardiac Problems

Are you pregnant? _____ Describe your general health: _____

Are you taking any medications?/Purpose? _____

Have you had any recent illnesses, surgeries, or injuries? Please list and explain:

Do you have any medical conditions not mentioned above? _____

What alternatives to traditional medicine have you sought out if any? _____

What was the experience like for you and what was the result? _____

Is there anything else you would like me to know? _____



Life Issues

What is your greatest joy / accomplishment? _____

What do you do for pleasure? _____

How much time do you dedicate to yourself each day/week? _____

When do you feel the most energized and alive? _____

When do you feel most depleted? _____

How do you replenish your energy or rejuvenate yourself? _____

What aspects of your life hold you back from accomplishing your own desires, if any?

What is your biggest concern in life at this time? _____

What are your top 3 priorities? _____

Do you have a spiritual practice? _____ If so, briefly describe: _____

How is this the same or different from how you were raised? _____

How connected do you feel to internal or spiritual guidance? _____

What goal or intention do you have for this healing work? _____



Energy Healing Client Waiver

Energy work is being provided for relaxation and spiritual advancement. As the body's energy becomes more balanced health and wellness may result. There are no guarantees offered or implied.

All services are strictly confidential. There will never be sharing of information with third parties. By signing this waiver, you agree to participate in the hands-on energy healing techniques being offered.

I am over 18 years of age and understand what is stated above and agree with it in its entirety.

Signature_____ Date_____

Printed Name_____