

Expand Your Light
Energy Medicine
Reiki & Inner Guidance Coach

Health Questionnaire

Name: _____ DOB: _____ Age: _____

Address: _____

Phone/Cell: _____ Email: _____

Profession: _____

Emergency Contact

Name: _____ # _____

Would you like to be added to email -list about upcoming classes and events? yes ____ no ____

1. Have you ever had a Reiki or Energy session before? () yes () no If yes, for what purpose?

(general wellness, stress reduction, etc)

2. What do you hope to accomplish with this Reiki/Energy session? () Relaxation () Stress Reduction () Pain Reduction () Other (please explain)

3. Do you take any medication on a regular basis? () yes () no Please list medications *and* the conditions they're addressing

5. Check with an x if you have any of these conditions:

() Arthritis () Asthma () Back Pain, _____ () Bleeding () Circulatory Problems () Diabetes () Epilepsy or Seizures () Frequent Headaches () Heart Ailment () Joint Swelling () Skin Disorders/rashes _____ () TMJ Syndrome () Low or () High Blood Pressure () Allergies/ Sinus ,

Please explain: _____

() Infectious Condition, Please

List: _____

() Physical Pain , Please explain:

() Tension or Soreness in a specific area, Please List:

() Recent Injury or Surgery , Please List:

7. Are you sensitive to fragrances or perfumes? ____yes ____ no

****** I know, understand and consent to the use of Therapeutic grade Essential Oils being used during my treatment.**

8. Please specify any other conditions, physical, mental, emotional or otherwise which you feel may be important:

9. Briefly describe your diet:

What are your goals/expectations for our work together?

“One of the guiding principles of mind-body medicine is the interconnection of all things, including the mind, the body: including foods we eat, and the environment in which we live. Each of us is an inseparable part of an infinite field of intelligence, and in this very moment, with every breath, we are exchanging millions of atoms with the universe” - D. Chopra

Trust your body to express what it needs: You may experience any or all of the following: the need to move or change position * sighing, yawning, change in breathing, stomach gurgling * emotional feelings and/or expression * movement of intestinal gas * energy shifts * falling asleep * memories

As my time is valued, so is Mary's. A 24 hour cancellation notice must be made by phone call or text or you will be charged for your appointment. If you are unable to make your appointment, but know someone else who can, feel free to send them in. Full payment is expected by the person receiving the massage at time of service.

Signature: _____ Date _____