



# Client Intake Form

## Personal Information

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Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ OK to email promos? Y / N

Occupation: \_\_\_\_\_ Status: F/T P/T Casual

Emergency Contact Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## Medical Information

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Are you taking any medications? Yes No If yes, please advise: \_\_\_\_\_

Are you pregnant? Yes No If yes, how far along and are there any concerns? \_\_\_\_\_

Do you suffer from chronic pain? Yes No If yes, please advise: \_\_\_\_\_

Is there anything that makes it feel better or worse? \_\_\_\_\_

Have you had any injuries? Yes No If yes, please advise: \_\_\_\_\_

Please indicate if any of the following which apply to you:

- |                 |                         |                   |
|-----------------|-------------------------|-------------------|
| Cancer          | Headaches/migraines     | Stroke            |
| Fibromyalgia    | Arthritis               | Heart attack      |
| Diabetes        | Kidney dysfunction      | Joint replacement |
| Blood clots     | High/low blood pressure | Numbness          |
| Sprains/strains | Depression              | Anxiety           |



By signing the below, you agree to perform your healing session with pure, loving intention in order to serve your client's greatest and highest good, and have also advised your client of what to expect before, during and after the session has been completed.

Healer's signature: \_\_\_\_\_ Date: \_\_\_\_\_