

## Client Intake Form

Personal Information						
Name:		Birthday:				
Address:						
Suburb:	Sta	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:	Cor	ntact Phon	e:			
Medical Information						
Are you taking any medicatio	you taking any medications? Yes			If yes, please advise:		
Are you pregnant?	Yes	No	If yes,	how fa	r 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 wor	se?				
· ·						
Have you had any injuries?	Yes	No	If yes,	please	advise:	
Please indicate if any of the f	ollowing which apply	y to you:				
Cancer	Headaches/migrai	nes	Stroke	Stroke		
Fibromyalgia	Arthritis		Heart	Heart attack		
Diabetes	Kidney dysfunctio	n	Joint :	Joint replacement		
Blood clots	High/low blood pr	essure	Numb	Numbness		
Sprains/strains	Depression		Anxie	ty		

Other:					
Healing Informatio	n				
•	•		ou feel unwell or uneasy, please advis ssion if it will assist in the session, or	•	•
Have you ever had	energy he	ealing or	Reiki performed before?	Yes	No
If yes, how long ag	o and wha	at was tl	he outcome?		
Have you ever had	any other	holistic	or natural healing performed before?	Yes	No
If yes, what was it,	and how l	long ago	o and what was the outcome?		
What are your goal	s for this l	healing	session? Tick all that apply:		
Physical relief	Yes	No	If yes, please explain:		_
Emotional relief	Yes	No	If yes, please explain:		
Spiritual relief	Yes	No	If yes, please explain:		
				)	
	low, you	-	ou have completed this form as hone ime; you understand energy healing i	-	•
bolster your own practitioner.	ability to	heal a	and should not replace urgent or es	ssential med	dical treatment by a medical
Client's signature:_				Date:	
Healer acknowledg	gements				

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 afte	er the
session has been completed.	

Healer's signature:	Data.	
Healer's Signature:	Date:	
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