



## Healed and Free Client Information Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: S M D W

Emergency contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Whom may we thank for referring you:** \_\_\_\_\_

Do you have a pacemaker or any internal device that magnets would interfere with? Yes No

List and medications, supplements and/or vitamins \_\_\_\_\_

Please list any physical issues you are experiencing (whether or not they relate to the current issue):

Please explain reasons for appointment: \_\_\_\_\_

How long have you been experiencing this issue? \_\_\_\_\_

Do you know the source or cause of issue? Yes No If so, please explain: \_\_\_\_\_

What symptoms are you experiencing with this issue? \_\_\_\_\_

If experiencing physical pain, on a scale of 1-10, rate your pain: \_\_\_\_\_

If experiencing emotional upset, on a scale of 1-10, rate your emotional intensity: \_\_\_\_\_

Have you sought professional assistance with this issue before? Yes No

If yes, what type of therapy have you experienced? \_\_\_\_\_

Did you find these effective? (Please explain) \_\_\_\_\_

If you have experienced other types of holistic health care, please list: (examples: acupuncture, massage therapy, EMDR, NET, psychotherapy, etc.) \_\_\_\_\_

Please explain what you would like to achieve from this appointment: \_\_\_\_\_

***I give myself permission to let go of any physical, mental and emotional issue  
that keeps me from living my life in abundance.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_