

Blooming



Vibrations
THERAPY

Reiki, Sound Vibrational Reiki and/or Biofield Tuning

NAME: _____ **DATE:** _____

How did you find Blooming Vibrations Therapy?

___ REFERRAL

___ WEBSITE

___ OTHER

What are the goals for our session together?

Are there any questions or concerns that you feel we should address prior to your session?

Please check any of the following that may apply to you:

___ PREGNANT

___ CANCER OR TERMINAL ILLNESS

___ HEART CONDITION/PACEMAKER

___ CONCUSSION OR HEAD INJURY IN THE PAST 6 MONTHS

___ ANY METAL IMPLANTS/PACEMAKER

___ CURRENTLY TAKING MEDICATIONS