

**Client Registration Form and
Confidentiality Statement**



Holistic Healing House
"Enlightenment Healings with Spiritual Growth"

Name: _____ DOB: _____ Age: _____

Address: _____

Phone/Cell: _____ Email: _____

Profession: _____

Emergency Contact:

Name: _____ Phone/Cell: _____

Relationship: _____

Would you like to be added to our email list for updates about upcoming classes and events?
Please check one: () Yes () No Thanks () Already on the list! () I don't use email

How did you hear about Holistic Healing House?

() Found it on the web () Found it on Yelp!

() Saw an Ad or listing in: _____

() Referred by: _____

() Saw a flyer or got a business card at: _____

() Other: _____

Confidentiality Statement:

All information disclosed in the Client Registration Form, Client Documentation Form, and during our verbal conversations is confidential and may not be revealed to anyone without client's written permission, except where disclosure is required by law. No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

**Client Registration Form and
Health Questionnaire**



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Are you currently under the care of a physician? () Yes () No

If yes, physician's name: _____

Have you ever had a Reiki/Energy Healing session before? () Yes () No

If yes, for what purpose? (general wellness, stress reduction, mindfulness, spiritual connection, etc.)

What do you hope to accomplish with this Reiki session?

() Relaxation () Stress Reduction () Pain Reduction () Other (please explain)

Do you take any medication on a regular basis? () Yes () No

Please list medications and the conditions they're addressing

Are you pregnant? () Yes () No

Check with an "X" if you have any of these conditions:

() Arthritis () Asthma () Circulatory Problems () Diabetes () Epilepsy/Seizures

() Joint Swelling () Bleeding () Frequent Headaches () Heart Ailment () Low/High Blood

() Allergies, if yes, please list:

Are you sensitive to incenses or fragrances? () Yes () No

() Back Pain, which areas: _____

() Physical Pain, Please explain:

