

Confidential Client Intake Form Page 1 of 3

Name _____ Date _____

Address _____ Date of Birth _____

Telephones: Home _____ Work _____ Cell _____

Email address: _____

Person to Contact in Emergency _____ Phone _____

Relationship Status _____ Number of Children _____

Current Doctor _____ Therapist _____

Current Prescription Medications/Supplements _____

Exercise _____ Diet _____

Daily Intake: Alcohol _____ Cigarettes _____ Level of Stress in your life (1-10) _____

Reason for
Visit _____

Previous Experience with Energy
Medicine _____

What do you know about your birth? What is your birth order? _____

Mark the following areas of disease or symptoms. Use C = current or P = past

Emotional / Psych	Endocrine	Cardiovascular	Reproductive
Depression	Adrenal	Angina	STD's
Eating Disorder	Pituitary	Stroke	Endometriosis
Mood Swings	Hyperthyroid	Heart Attack	Miscarriage(s)
Substance Abuse	Hypothyroid	Hypertension	Abortion(s)
Auto-Immune	Neurological	Respiratory	Female Organs
AIDS / HIV	Epilepsy	Bronchitis	Abuse
Allergies	Dizziness	Emphysema	Sexual Abuse
Cancer	Insomnia	Pneumonia	Physical Abuse
Fatigue	Migraines	Tuberculosis	
Fever (severe)	Muscular-Skeletal	Digestion	Other Issues (list)
Fibromyalgia	Arthritis	Constipation	
Fungal Infections	Back Pain	Diabetes	
Herpes	Carpal Tunnel	Diarrhea	
Lyme Disease	Gout	Hepatitis	
Mononucleosis	Skin Disorder	Hypoglycemia	
Urinary	Ear, Nose, Throat	Jaundice	
Bladder infection	Earache	Ulcer	
Kidney Stones	Jaw Pain (TMJD)	Liver Disorder	

Confidential Client Intake Form

Page 2 of 3

Injuries - List any injuries you have had, or currently have:

Surgeries - List any surgical operations you have had, or know you will have:

Trauma - List any traumatic or life-threatening events that occurred in your life, and when:

Family History -Please list parents and siblings and a bit about your relationship to each. If deceased please put when and how they died.

What are **your expectations or your intention** of the healing session?

Confidential Client Intake Form

Page 3 of 3

Other - Anything else you wish to mention?
