



# Client Intake Form

## Personal Information

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ 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: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## Medical Information

Are you taking any medications? Yes No If yes, please advise: \_\_\_\_\_

Are you pregnant? Yes No If yes, how far 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 worse? \_\_\_\_\_

Have you had any injuries? Yes No If yes, please advise: \_\_\_\_\_

Please indicate if any of the following which apply to you:

Cancer

Headaches/migraines

Stroke

Fibromyalgia

Arthritis

Heart attack

Diabetes

Kidney dysfunction

Joint replacement

Blood clots

High/low blood pressure

Numbness

Sprains/strains

Depression

Anxiety

Other: \_\_\_\_\_

## Healing Information

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If at any time during the session, you feel unwell or uneasy, please advise your healer. You're welcome to provide insights/experiences during the session if it will assist in the session, or you can advise upon the closure of the session.

Have you ever had energy healing or Reiki performed before? Yes No

If yes, how long ago and what was the outcome? \_\_\_\_\_

Have you ever had any other holistic or natural healing performed before? Yes No

If yes, what was it, and how long ago and what was the outcome? \_\_\_\_\_

What are your goals for this healing session? Tick all that apply:

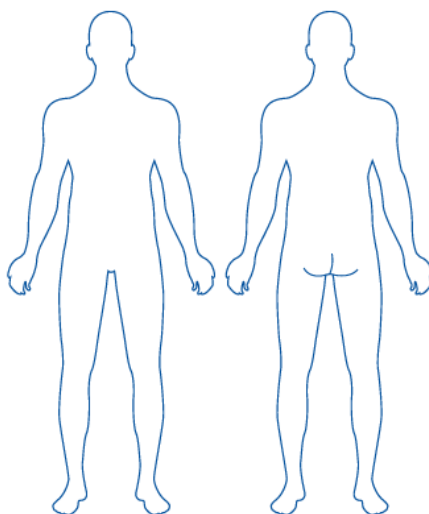
Physical relief Yes No If yes, please explain: \_\_\_\_\_

Emotional relief Yes No If yes, please explain: \_\_\_\_\_

Spiritual relief Yes No If yes, please explain: \_\_\_\_\_

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If applicable, mark the areas of concern on the chart below:



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## Client acknowledgments

By signing the below, you agree you have completed this form as honestly and completely as possible, and will advise if anything changes at any time; you understand energy healing is a natural, non-invasive modality to help bolster your own ability to heal and should not replace urgent or essential medical treatment by a medical practitioner.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Healer acknowledgements

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 after the session has been completed.

Healer's signature: \_\_\_\_\_ Date: \_\_\_\_\_