

## Energy Healing Client Information Form

Name \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

Major Complaint (describe region of body, severity, how long)  
\_\_\_\_\_

Date of Onset \_\_\_\_\_

Previous treatments \_\_\_\_\_

Are you presently under the care of a physician?

Name \_\_\_\_\_

List any other therapy you are receiving \_\_\_\_\_

Antibiotics/Medications currently taken \_\_\_\_\_

Have you had surgery?  
Type \_\_\_\_\_

Have you had any accidents?  
Type/Date \_\_\_\_\_

Do you exercise regularly? \_\_\_\_\_  
What kind and how frequently? \_\_\_\_\_

What are your expectations from this healing today and long-term out come? \_\_\_\_\_

Have you had this type of work done previously? \_\_\_\_\_

If so, when? \_\_\_\_\_

Medical History: Do you have or have you had any medical ailments/diseases? If so, Briefly explain \_\_\_\_\_

Please list any traumatic or life threatening events that occurred in your life and when they happened \_\_\_\_\_

Release & Consent: The above information is accurate to the best of my knowledge. Energy healing therapy is not intended to replace or substitute for appropriate medical care and it is advised that the patient consult with his/her health care practitioner. I do forever release the practitioners and their insurers, from all liability of any nature whatsoever, whether past, present, or future for injury or damage which may occur as a result of my receiving energy healing therapy. I agree to hold harmless and defend the practitioner of and all actions, claims, or other legal or administrative action that has arisen or may arise from my participation in this therapy.

Signature \_\_\_\_\_

Date \_\_\_\_\_