

New Client Intake Form

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

1. How did you hear about my services? _____

2. Have you had an energy healing treatment before? Yes / No

If yes, date of last session: _____

3. What is your goal for today's session?

4. Do you have any difficulty lying on your back for about 1 hour? Yes_____ No_____

5. If yes would you prefer a chair that keeps your body upright? Yes_____ No_____

6. Please list all allergies: _____

7. Please check the box below if you're uncomfortable with me using any of these tools during your session:

Smudge/Smudge Spray Music Candles Pendulum

8. Do you have any additional comments or questions before we begin your session?

