

CONFIDENTIAL CLIENT INFORMATION – ENERGY HEALING SESSION

Name: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: (home) _____ (cell) _____ (work) _____

Email Address: _____

How did you hear about us? Google Yelp
 Other, please explain: _____

Have you ever received an energy healing therapy session? Yes No How recently? _____

What type of session did you receive? _____

Please briefly describe your experience with any previous energy healing sessions: _____

What is your reasoning for seeking energy healing therapy? _____

The following required information must be completed in its entirety, honestly and to the best of your knowledge:

What, if any, medical conditions are you currently receiving treatment for?

Are you sensitive to perfumes, fragrances and/or touch? _____

Can you comfortably lie on your back for an extended period of time? Yes No

By providing my signature below, I confirm that the information recorded above is complete, accurate, and honest to the best of my knowledge. I understand that Reiki and Crystal Healing are energy healing therapies that are not a replacement for medical treatment, and that the therapist may only perform treatments within his or her scope of practice and level of comfort. Anything said during this session shall not be regarded as medical advice, treatment, diagnosis, or prescription. I understand that the therapist may refuse service at any time for any reason, and that clients may be referred to a medical professional if the therapist feels this is necessary. I understand that it is my responsibility to inform the therapist of any changes to my medical health profile and that the therapist will not be held liable for anything resulting from my failure to do so. I agree that I have been given sufficient opportunity to ask questions and make specific requests in order to make my treatment time as comfortable as possible. I have also read and will abide by all policies and client expectations that may be listed separately from this document.

Client Signature: _____ Date: _____

Check here if you are signing as the legal guardian for a minor under the age of 18.)