Energy Healing Client Information Form

Name: _____

Phone:_____

Address: _____

City, State, Zip: _____

Email: _____

Emergency Contact: _____

Current Medications/Health Conditions: _____

_____

Are you currently under the care of a physician? Yes_____   No_____

If yes, phyisician's name: _____

How did you hear about us? _____

Have you ever had an energy healing session before? Yes _____   No_____

If yes, when was your last session: _____

Do you have a particular area of concern? _____

_____

Are you sensitive to essential oils? _____

Are you sensitive to touch? _____

Are you sensitive to sound? _____

I understand that Reiki/IET®/Sound and any other type of energy healing is a simple, gentle, hands-on or off energy technique that is used for stress reduction and relaxation. I understand that Reiki/IET®/Sound and any other type of energy healing practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand thatReiki/IET®/Sound and any other type of energy healing does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Reiki/IET®/Sound and any other type of energy healing can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signed:_____ Date:_____

Privacy Notice: No information about any client will be discussed or shared with any third party without the written consent of the client or parent/guardian if the client is under 18.

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