# *Confidential Client Intake*
# *(Energy Healing)*

**General Information**

Name: ________________________________________ Today's Date: __________

Date of Birth: ____________________ Age: _____________

Preferred Gender Pronouns: ___________________________

Address: ____________________________________________________________

City and State: __________________________________ Zip: _________________

Phone: (circle one - home/work/mobile) _____________________________________

Email: ______________________________________________________________

How did you hear about Soul Alchemy? ______________________________________

Would you like to receive emails about special offers? Y N

Would you like to receive emails about workshops, classes, or retreats? Y N

**Emergency Information**

Emergency Contact: ____________________________________________________

Phone: _______________________________ Relationship: ___________________

Physician/Clinic/Preferred Hospital: ________________________________________

Phone or Location: _____________________________________________________

**Lifestyle Information**

Occupation: __________________________________________________________

Type of Activity: (ie computer work, physical labor, repetitive motion, etc) __________________

__________________________________________________________________

Do you exercise regularly? Y N

What type(s)? _________________________________ How often? ______________

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## Energy Healing History

Have you received energy healing before? Y N

Do you have questions about this type of work? Y N ________________________________

________________________________________________________________________

What general goal(s) are you hoping to address through our session(s)? __________________

________________________________________________________________________

________________________________________________________________________

Primary reason or intention for today's visit: _______________________________________

________________________________________________________________________

________________________________________________________________________

## Health Information

Are you pregnant? Y N

Do you have any allergies? Y N To what? _______________________________________

How do you react? ____________________________________________________________

Are you currently taking any medications? Y N (please list)

Type _____________________________ Effect/Purpose ______________________________

Type _____________________________ Effect/Purpose ______________________________

Type _____________________________ Effect/Purpose ______________________________

Have you ever had surgery? Y N

How long ago? _______________ What kind? _______________________________________

Do you have any recent injuries? Y N Describe __________________________________

Are you currently experiencing pain? Y N

Where? __________________________ Pain Scale: 0 1 (normal) 2 3 (low) 4 5 6 (moderate) 7 8 (intense) 9 10 (severe)

Do you experience chronic pain? Y N

Where? __________________________ Pain Scale: 0 1 (normal) 2 3 (low) 4 5 6 (moderate) 7 8 (intense) 9 10 (severe)

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Do you have any areas of sensitivity or trauma?   Y   N      Where? _______________________

**Please circle current conditions. Underline past conditions.**

headaches, migraines
chronic pain
fatigue
vision impairment
contacts
muscle pain
joint pain
tension
stress, anxiety
hearing impairment
muscle injuries
bone injuries
depression
numbness or tingling

sleep difficulties
sinus problems
sprains, strains
allergies, sensitivities
dental bridges, braces
arthritis, tendonitis
skin conditions
jaw pain, TMJ
cancer
tumors
infectious diseases
asthma, lung conditions
spinal column disorders

blood clots
constipation
diarrhea
diabetes
varicose veins
hernia
high blood pressure
low blood pressure
IUD
heart/circulatory problems
digestive problems
mental illness
other _______________

**Informed Consent**

I understand that energy healing uses hands-on and/or dialogue-based modalities for the purpose of enhancing wellness and a holistic state of being. I voluntarily choose to explore my own body-mind-spirit connection for self knowledge and deeper self awareness.

I understand the healing practitioner does not diagnose illness, disease, or any other physical or mental disorder. I understand energy healing is not a substitute for medical care or psychological treatment. I have disclosed on this confidential intake any medical conditions known to me.

______________________________________________________________________________
Client Signature                                                                   Date

______________________________________________________________________________
Parent or Guardian Signature (if client if under 18 years of age)                                Date

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