

**Holistic Wellness. Mind ~ Body ~ Spirit.  
Client Information & Intake Form.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you received energy healing bodywork before? Y / N

If yes, when was your last session? \_\_\_\_\_

If yes, number of previous sessions: \_\_\_\_\_

How did you hear about my services:

\_\_\_\_\_

What would you like support for? (Physical, Emotional/Mental, Spiritual):

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Do you have particular areas of concern?

\_\_\_\_\_

What other treatments are you currently receiving?

\_\_\_\_\_

Is there anything you would like to share/discuss that may influence your session:

\_\_\_\_\_

Are you currently taking any medications? Y / N \_\_\_\_\_

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### Terms of Agreement, Disclaimer and Confidentiality

I understand that treatment provided by the practitioner is a non-invasive, simple, gentle, hands-on and hands-off energy technique that is used only for the purposes of relieving stress and providing relaxation, while seated or lying down, with clothing on. I 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 and bring it back into balance. I understand and believe that self-improvement requires commitment on my part, and I must be willing to change in a positive way if I am to receive the full benefit. Initial \_\_\_\_\_

I understand that the practitioner does 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 that this treatment 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 energy healing bodywork can complement any medical or psychological care I may be receiving. Initial \_\_\_\_\_

I understand that Intuitive Readings can be included as part of my session or refused upon request. I understand I must be over 18 to receive a Reading, or have permission from my legal guardian. I understand how I choose to use, or not use, the notes provided from an Intuitive Reading is 100% my own responsibility. I understand the practitioner is not able to give financial, legal or medical advice. Initial \_\_\_\_\_

I understand that the practitioner will maintain client confidentiality unless there is a reason to believe the client may harm himself or herself or someone else; under these conditions I understand that appropriate action will be taken for the safety of the client and others. Initial \_\_\_\_\_

### Late Cancellations and No Shows

Appointment times are reserved for your exclusive use. It is your responsibility to provide **at least 24-hours** notice of cancellation or appointment change, which allows the time to be offered to another client. The full appointment rate is charged for late cancellations (less than 24-hours) or "no shows". Your credit card information is required below in the event of needing to bill for time held.

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I grant permission to charge my credit card for my missed session(s). Initials \_\_\_\_\_

MasterCard or Visa Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature of Client: \_\_\_\_\_

Date: \_\_\_\_\_

Guardian Name (if under 18): \_\_\_\_\_

Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_