

CONFIDENTIAL CLIENT INFORMATION AND HEALTH HISTORY

First Name _____ M.I. _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email Address _____
Birth Date ____/____/____ What is your gender? _____ Prefer not to say
Employer _____ Occupation _____
Emergency Contact _____ Phone (____) _____
Relationship _____ Referred by _____

How much water do you drink a day? _____ Do you consider yourself stressed? _____
Have you ever used the services of Reiki? _____ If yes, by whom? _____ Have you
ever used the services of Intuitive Healing? _____ If yes, by whom? _____ Have
you ever been diagnosed with schizophrenia? Yes No

Please list any medications (vitamins, herbs, pharmaceuticals) taken now or at regular intervals.
Include an explanation of what the medication is used to treat:

Please list any conditions that currently affect you, or that you have experienced within the last 2 years.

MUSCULOSKELETAL SYSTEM

Fibromyalgia
TMJ
Pain
Other _____

RESPIRATORY SYSTEM

Asthma
Trouble breathing
Dizziness
Other _____

CIRCULATORY SYSTEM

Anemia
Hypertension
Heart Condition
Other _____

DIGESTIVE SYSTEM

Ulcers
Irritable Bowel Syndrome
Indigestion
Colitis
Other _____

NERVOUS SYSTEM

Spinal Cord Injury
Seizure Disorders
Numbness/Tingling/Twitching
Restless Leg Syndrome
Other _____

OTHER CONDITIONS

Insomnia
Anxiety
Panic Attacks
Frequent Headaches
Other _____

All of the information provided in this intake form is accurate and true to the best of my knowledge. I understand that Hypnotherapists do not diagnose disease or prescribe medications. I further understand that hypnotherapy is not a substitute for medical attention and examination. I take full responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health.

Signature _____ Date ____/____/____

What are your goals for seeking Reiki and/or Intuitive Work today?

1. _____

2.

3.



This section is reserved for Reiki and/or Intuitive Notes:
