



## Client Intake Form

Name:	Referred by (person)
Address:	Google/Online DFWChild DMagazine Walk-by Other:
City, State, Zip	Birthdate:
Email:	Phone:

### GENERAL

What brings you in for a session?


### ENERGY HEALING

Have you experienced any of the following energy healing modalities?

- Vibrational Sound Healing     Reiki  
 Chakra Balancing             Siwa Murti  
 The Emotion Code             The Body Code  
 German New Medicine     Other:

Are you sensitive to magnets?

Are you sensitive to sound or vibration?

Do you have difficulty lying on your front or back?

Any accidents or surgeries in last 2 years?

Any metal implants, a pacemaker or body piercings?

Are you right or left-handed?

### HEALTH HISTORY

Heart Condition	Psychiatric Disorder	Allergies
Numbness/Tingling	Sinus Problems	Spasms/Cramps
Rashes	TMJ Dysfunction	Sprain/Strains
Diabetes	Gas/Bloating	High/Low Blood Pressure
Epilepsy	Pregnancy ( __ weeks)	Fatigue/Sleep Disorders
Stroke	Arthritis	Headaches
Broken/Fractured Bones	Blood Clots	Depression/Anxiety
Chronic Pain	Paralysis	Other:
Constipation	Varicose Veins	

### GOAL

Relaxation    Pain Relief    Stress    Personal / Spiritual Development

It is my choice to receive an energy healing session and I understand that the practitioner will be working with loving and compassionate intention and may be using gentle sound and vibration during these sessions on/around me. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update my practitioner of any changes to my health status. I understand that practitioners from My Chakra Center do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments or pharmaceuticals. I acknowledge that these sessions are not a substitute for medical examination or diagnosis, and I should see a primary health care provider for those services. I understand that I alone am responsible for informing my primary health care provider that I am receiving these sessions and inquiring as to whether they may adversely affect my current health condition.

Client signature

Date

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