Lotus Love Works
Healing With Lotus

CLIENT INTAKE FORM

Personal Information

Name: _____ Birthday: _____

Address: _____

City: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____ OK to email promos? Y / N

Occupation: _____ Status: F/T P/T Casual

Emergency Contact Name: _____

Relationship to you: _____ Contact Phone: _____

Medical Information

Are you taking any medications? Yes No

If yes, please advise: _____

Are you pregnant? Yes No

If yes, how far along and are there any concerns? _____

Do you suffer from chronic pain? Yes No

If yes, please advise: _____

Is there anything that makes it feel better or worse? _____

_____

Have you had any injuries? Yes No

If yes, please advise: _____

Please indicate if any of the following which apply to you:

Cancer	Headaches/migraines	Stroke
Fibromyalgia	Arthritis	Heart attack
Diabetes	Kidney dysfunction	Joint replacement
Blood clots	High/low blood pressure	Numbness

Sprains/strains Depression Anxiety

Other:_____

Healing Information

If at any time during the session, you feel unwell or uneasy, please advise your healer. You're welcome to provide insights/experiences during the session if it will assist in the session, or you can advise upon the closure of the session.

Have you ever had energy healing or Reiki performed before? Yes No

If yes, how long ago and what was the outcome?_____

Have you ever had any other holistic or natural healing performed before? Yes No

If yes, what was it, and how long ago and what was the outcome?_____

What are your goals for this healing session? Check all that apply:

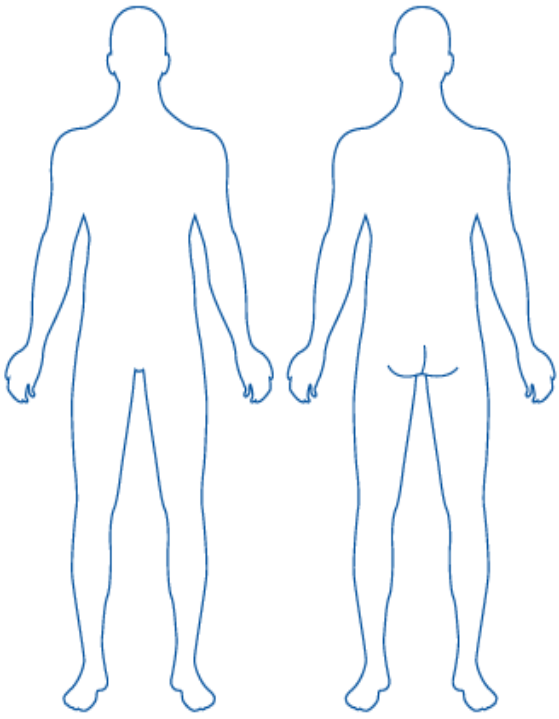
Physical relief Yes No If yes, please explain:_____

Emotional relief Yes No If yes, please explain:_____

Mental relief Yes No If yes, please explain:_____

Spiritual relief Yes No If yes, please explain:_____

If applicable, mark the areas of concern on the chart below:



Client acknowledgments

By signing the below, you agree you have completed this form as honestly and completely as possible, and will advise if anything changes at any time; you understand energy healing is a natural, non-invasive modality to help bolster your own ability to heal and should not replace urgent or essential medical treatment by a medical practitioner.

Client's signature:_____ Date:_____

Healer acknowledgements

By signing the below, you agree to perform your healing session with pure, loving intention in order to serve your client's greatest and highest good, and have also advised your client of what to expect before, during and after the session has been completed.

Healer's signature:_____ Date:_____