



Client Intake Form

Personal Information

Name: Danna Bower Birthday: 26/1/1979
Address: 1483 Kaputar Rd
Suburb: Narrabri State: NSW Postcode: 2390
Home Phone: _____ Mobile: 0410342121
Email: teambower@bigpond.com OK to email promos? ☒ Y / ☐ N
Occupation: Manager Status: ☒ F/T ☐ P/T ☐ Casual
Emergency Contact Name: Adam Moss 0427697762
Relationship to you: Partner 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: At the moment
Arm / Foot / hand pain
Is there anything that makes it feel better or worse? _____

Have you had any injuries? Yes ☐ No ☒ If yes, please advise: _____
Not known

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

Cancer	<u>Headaches/migraines</u>	Stroke
Fibromyalgia ??	<u>Arthritis</u>	Heart attack
Diabetes	Kidney dysfunction	Joint replacement
Blood clots	High/low blood pressure	Numbness <input checked="" type="radio"/>
<u>Sprains/strains</u>	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 once ☐ No

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

2 weeks ago - had heat around head

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? Tick all that apply:

Physical relief

☒ Yes

☐ No

If yes, please explain:

Emotional relief

☒ Yes

☐ No

If yes, please explain:

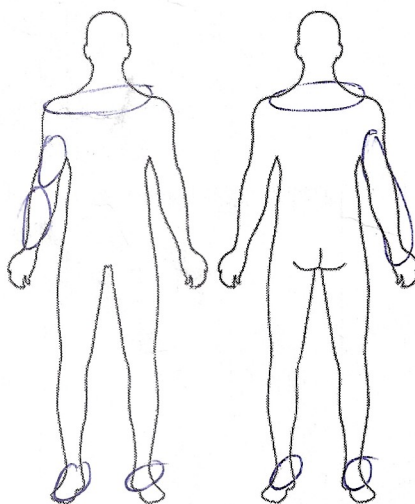
Spiritual relief

☒ 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: [Signature]

Date:

21/2/2023

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: [Signature]

Date:

21/2/23