

It's Possible Therapy
Energy Healing Client Information Form
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NAME: (PLEASE PRINT) _____
PHONE (HOME): _____ PHONE (MOBILE): _____
EMAIL : _____
ADDRESS: _____
CITY, STATE, ZIPCODE: _____
EMERGENCY CONTACT (optional): _____ PHONE: _____

CURRENT MEDICATIONS AND DOSAGES: _____

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN: YES NO
HOW DID YOU HEAR ABOUT US? _____
HAVE YOU EVER HAD AN ENERGY HEALING SESSION BEFORE? YES NO
IF YES, WHEN WAS THE LAST SESSION? _____
NUMBER OF PREVIOUS SESSIONS: _____

DO YOU HAVE A PARTICULAR AREA(S) OF CONCERN?

ARE YOU SENSITIVE TO PERFUMES OR FRAGRANCE? _____
DO YOU HAVE ANY ALLERGIES? _____
ARE YOU SENSITIVE TO TOUCH? _____

I understand that Energy Healing sessions are simple, gentle, distance energy techniques, such as Reiki, that are used for stress reduction and relaxation. I understand that Energy Healing practitioners do 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 Energy Healing 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 can complement any medical or psychological care I may be receiving. I also 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.

Signed: _____ Date: _____

Privacy Notice:

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.