

***Bringing Balance to the Mind, Body, and Spirit***

**New Client Information**

Client Information

Name \_\_\_\_\_

Phone (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Would you like to be added to my mailing list?  Or my email list?

How did you hear about Healing Through Balance?

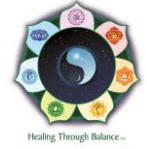
- Family / Friend Referral
- Google
- Bing
- Yahoo
- YP.com / Yellow Pages
- Other

Have you ever had an Energetic Healing session?  Yes  No

Are you allergic / sensitive to any fragrances or perfumes?  Yes  No

If needed, is aromatherapy acceptable?  Yes  No

Are you currently taking any medications?  Yes  No



*Bringing Balance to the Mind, Body, and Spirit*

Are there any specific areas you would like me to concentrate on during your session?

---

---

Do you have any concerns or questions regarding your session? \_\_\_\_\_

---

---

Is there anything else I might need to know? \_\_\_\_\_

---

---

I acknowledge that I have been provided with a copy of the Healing Through Balance Office Policies and Rights / Responsibilities documents and I understand that Energetic Healing services provided by my practitioner are simply intended to enhance relaxation and to aid in the reduction of stress.

I understand that Energetic Healing is not a substitute for medical treatment or medications and that it is recommended that I also work with my Doctor/Primary Caregiver for any medical conditions I may have. I am aware that my Reiki practitioner does not diagnose illness or disease and does not prescribe medications or supplements.

If I experience any discomfort during any Energetic Healing session I will immediately communicate that to the practitioner so that the treatment can be adjusted.

Client signature \_\_\_\_\_ Date \_\_\_\_\_