



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 (search or maps)

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

If yes, please list all medications/drugs you've taken in the past 30 days:

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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 intended to balance my energy to aid in general well-being, 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 Energetic Healing practitioner does not diagnose illness or disease and does not prescribe medications or supplements.

I have read both the *“Office Policies for Energetic Healing Sessions”* and *“Statement of Rights and Responsibilities”* documents and agree with the information they contain.

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

Client signature _____ Date _____