Healing Through Balance, LLC
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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? ☐ (*optional*)

How did you hear about Healing Through Balance? (*optional*)

☐ 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:

_____

_____

_____

_____

Please note … this is important because the effects of some medications may affect energetic practitioners.

Do you have any metal implants in your body? If yes, please give the approximate locations.
Note: This is important for sound therapies.

_____

_____

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 understand and acknowledge that no guarantees have been made to me regarding the effect of any Energetic Healing services.

I also understand and acknowledge that these services are not a diagnosis or treatment of any disease, that the State of California does not require Reiki/Energetic Healing practitioners to be licensed or hold any State certification, and that Reiki/Energetic Healing is merely an alternative practice used to balance the body's energy to aid in general well-being, enhance relaxation, and 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 or discontinued.

Client signature _____ Date _____