

# CONFIDENTIAL CLIENT HEALTH INTAKE FORM

Hilary McCann, Energy Medicine Practitioner

Name:

Date:

Address:

City, State, Zip:

Home Phone: Work/Cell Phone:

Email Address (optional):

Date of Birth:

Emergency Contact:

Phone:

Referred by:

Have you ever received a professional bodywork session? Y / N Type:

What results would you like from today's session?

Occupation:

Hobbies regularly pursued:

Approximately how much time per day/week/month?

Stress reduction/exercise activities:

Approximately how much time per day/week/month?

Are you currently under the care of a health care practitioner? Y / N

If so, please list name and location:

Please list any medications, supplements or natural remedies/herbs you currently take:

What of the above have you taken today and when?

If you have had any surgeries, accidents, injuries, major illnesses or hospitalizations, please list them and the date(s) and treatment(s):

Are any of the above conditions still affecting you?

If yes, what and how?

# Energy Medicine Form

## Reiki and Intuitive Health Clients

I, the undersigned, understand that an Energy Medicine session given is for the purpose of improving health by balancing my energetic field, stress reduction and clearing energetic blocks.

I understand clearly that an Energy Medicine session is not a substitute for medical or psychological diagnosis and treatment.

This practice does not diagnose conditions, or prescribe or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed health care professional for any medical questions or concerns about a physical or psychological ailment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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