Clear Path Energy Healing
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732-674-2807

CLIENT INTAKE FORM

DATE: _____

BASIC INFORMATION

NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

OCCUPATION: _____

REFERRED BY: _____

EMERGENCY CONTACT

NAME: _____

PHONE(S): _____

RELATIONSHIP: _____

PLEASE LIST THE NAME and specialties of other health care professionals you are currently seeing, as well as the name of your primary physician.

What do you hope to gain from your energy healing sessions? What are your intentions for an energy session?

Describe challenges you wish to address.

Do you have a Pacemaker? ____
Do you have Metal Plates or Screws in your body? ____
Do you have Diabetes? ____
Are you pregnant? ____

FAMILY MEDICAL HISTORY (please circle)

Diabetes Cancer High Blood Pressure Heart Disease Stroke Seizures

Asthma Allergies Mental Illness Other Significant Illnesses (please list):

YOUR MEDICAL HISTORY (please circle)

Diabetes Cancer High Blood Pressure Heart Disease Stroke Seizures

Asthma Allergies Mental Illness Other Significant Illnesses *(please list below):*

Surgeries	Dates

Describe any major accidents or traumatic events and approximate dates:

ALLERGIES (drugs, chemicals, foods, airborne allergies, etc.)

CURRENT MEDICATIONS

Name	Purpose	Dosage & Frequency	Taken for how long	Any adverse reactions?

CURRENT NUTRITIONAL AND HERBAL SUPPLEMENTS (use back if necessary)

Name	Purpose	Dosage & Frequency	Taken for how long?	Any adverse reactions?

OTHER SUBSTANCES (use back if necessary)

Please Circle	What Kind?	How Often? (Per Day/Per Week)
Alcohol		
Caffeine/Coffee		
Soda		
Cigarettes/Tobacco		
Over-The-Counter Medication		
Other		

All answers on this form are confidential. However; if substance-use appears to be life threatening, I am required by law to report it.

What gives you joy?

How do you deal with stress?

How do you relax?

How do you take care of your body?

Are there any other issues you would like to discuss?

PLEASE READ CAREFULLY

I understand that the energy healing sessions I receive are provided for the basic purpose of harmonizing my body's energies. If I experience any pain or discomfort during a session, I will immediately inform my practitioner.

I further understand that energy healing should not be construed as a substitute for needed medical attention. Energy healing practitioners do not diagnose, treat, or prescribe for medical conditions. Energy healing brings about physical improvements by impacting the electromagnetic fields that regulate the body as well as by shifting the more subtle energies described in other cultures with terms such as chakras, meridians, and etheric fields.

SIGNATURE: _____ DATE: _____

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energy healing