



Client Information Sheet (Strictly Confidential)

Name _____ Date _____

Address _____

Email _____

Phone (days) _____ (Cell) _____ Date of Birth _____

Marital Status _____

Occupation _____ Employer _____

List your major challenges you'd like to overcome in order of importance to you:

1. _____
2. _____
3. _____
4. _____
5. _____

What factors do you think may be contributing to your health challenges? (Diet, lifestyle, relationships, stress, illness, job, finances – rank in order)

1. _____
2. _____
3. _____
4. _____
5. _____

Are you under the care of a physician and if so, what are you being treated for? _____

Are you currently or have you in the past used the services of any of the following service providers (homeopath, acupuncturist, holistic health or nutritional consultant, chiropractor, massage therapist.)

List any medications you are taking and for how long you have been taking them? _____

What other illnesses in the past or present do you have? _____

If true, finish this sentence: "I have never been well since...." _____

Have you had any of the following: surgeries, shocks, traumas, injuries, accidents, falls, abuse? _

Do you consume any of the following? If yes indicate how much:

	Yes	No	Amount
Alcohol	_____	_____	_____
Coffee	_____	_____	_____
Cigarettes	_____	_____	_____
Recreational drugs	_____	_____	_____

Do you like your job (if you are working) and what if any challenges do you have there?

Describe your relationship with your family and significant other if you are in a relationship:

List any supplements are you presently taking? _____

Do you have any allergies? _____

Do you have any food cravings? _____

How much water do you drink per day? _____

If you are currently in pain, where in your body do you feel it and what level is it at from 1 - 10?

What changes have you noticed in your body? _____

Describe how you would like your life to be when you are in perfect health: _____

On a scale of 1 to 10, how committed are you to your health? _____

How did you hear about my work? Website, Advertisement, Friend/Relative, Referral from healthcare professional, other? _____

Please read the following and sign & date on next page. Thanks!

Disclaimer: The purpose of this form is to explain what I can do for you and what you can expect. My belief about healing is that each of us is his or her own healer; that healing comes from within. I can assist you in your healing by employing various kinds of techniques, which will balance your energy and enhance your sense of well-being. Among the techniques that I use is diagnostics and energy balancing/clearing/healing using modalities associated with Eden Energy Medicine, Faster EFT Tapping, Energy Psychology, Healing Touch, Kinesiology, and the Reconnection. The work can be done in person, or by long distance via phone, Skype, or FaceTime. I will be able to tell you where energy is blocked in your body and help you release these blocks.

We may discuss the major stressors in your life, your belief systems, health history, your childhood and other issues that have an influence on your emotional and physical well-being.

These discussions will be kept confidential except:

- a) if and to the extent authorized by yourself.
- b) when disclosure is required by law to prevent clear and imminent dangers to yourself or others.
- c) as required by law.
- d) if I am a defendant in a civil, criminal or disciplinary action arising from the client relationship (in which case client confidences may only be disclosed in the course of that action).

At your written request or approval, and according to my capabilities, and good conscience, and professional judgement that I may consult with your other healers, therapists, physicians and spiritual teachers as appropriate to maximize the benefits to yourself.

I am not a physician and therefore do not diagnose disease or prescribe drugs. I am an Energy Medicine Practitioner/Healer and maintain Practitioner Certification in Eden Energy Medicine and Level II Practitioner Certification in Faster EFT.

At all times, your healing is your responsibility. I am available to be your partner in this process, your committed listener, and your mirror. I do not advise you to discontinue any medical treatment you may be receiving. My work is intended to be in harmony with any other healing work that you undertake, including traditional medicine. Please feel free to discuss our work with your doctors or please let me know if you would like me to discuss any of our sessions with your doctor.

Initial Consultation/Healing Session: I usually like to schedule a 2-hour visit for my first session with a new client. That allows me to spend the extra time required to get to know you and review/discuss your Confidential Client Information Sheet. On subsequent office visits or “At-Distance” sessions, I like to spend 90 minutes with each client, unless otherwise agreed upon ahead of time. Thanks ahead of time for your understanding with respect to this scheduling process.

Cancellation Policy: Please try to give me notice at least 24 hours in advance if you need to cancel or reschedule an appointment --- so that I can schedule another client in that time slot. Your consideration of this policy is very much appreciated.

Payment: Payment is appreciated before, or at, the time of the service being provided. Paying online is very easy and only takes a few minutes. Go to my website, energymedicinelady.com, and click “Start Your Journey Now.” At the top of any of the web pages, click on the menu item labeled “Sessions & Fees” and then follow the simple instructions to pay for the service being provided. You can use PayPal or a credit card for payment. If an alternative payment method is desired, please make arrangements with me ahead of time.

In signing this form, you agree that I may work with you in the above-described manner. I make no promises other than those outlined above. Many of my clients experience increased well-being and improvement in their condition. But I cannot promise you these things. I am not aware of any risks or negative side effects associated with these treatments.

Client’s Printed Name

Client Signature

Date