



**CLIENT INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**HEALTH INFORMATION**

**HAVE YOU BEEN DIAGNOSED WITH A PHYSICAL DISEASE? Y\_\_ N\_\_**

**IF YES, GIVE DETAILS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**HAVE YOU BEEN DIAGNOSED WITH A MENTAL DISORDER: Y\_\_ N\_\_**

**IF YES, GIVE DETAILS:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DO YOU TAKE PRESCRIPTION DRUGS? Y\_\_ N\_\_**

**IF YES, PLEASE LIST** \_\_\_\_\_

**HAVE YOU EVER SUFFERED FROM OR BEEN DIAGNOSED WITH EPILEPSY OR SEIZURES? Y\_\_ N\_\_**

**CURRENT CONDITION FOR WHICH ALTERNATIVE TREATMENT IS SOUGHT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If you could make immediate changes to your life and the way you experience things or act, what would they be:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**What do you see as your perfect future self after these changes have taken place?**

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**Please circle the emotions that you are currently experiencing:**

<b>Dignity/ Respect/Self-Worth</b>	<b>Freedom/Control</b>	<b>Love/Connection/ Importance</b>	<b>Justice/Truth</b>	<b>Safety</b>	<b>Trust</b>
Ashamed	Bossed around	Abandoned	Accused	Abused	Cynical
Beaten down	Controlled	Alone	Blamed	Afraid	Guarded
Cut down	Imposed upon	Brushed off	Cheated	Attacked	Skeptical
Criticized	Imprisoned	Confused	Disbelieved	Defensive	Suspicious
Dehumanized	Inhibited	Disapproved of	Falsely accused	Frightened	Untrusted
Disrespected	Invaded	Discouraged	Guilt-tripped	Insecure	Untrusting
Embarrassed	Forced	Ignored	Interrogated	Intimidated	
Humiliated	Manipulated	Insignificant	Judged	Over-protected	
Inferior	Obligated	Invisible	Lied about	Scared	
Insulted	Over-controlled	Left out	Lied to	Terrified	
Invalidated	Over-ruled	Lonely	Misled	Threatened	
Labeled	Powerless	Misunderstood	Punished	Under-protected	
Lectured to	Pressured	Neglected	Robbed	Unsafe	
Mocked	Restricted	Rejected		Violated	
Offended	Suffocated	Uncared about			
Put down	Trapped	Unheard			
Resentful		Unknown			
Ridiculed		Unimportant			
Stereotyped		Uninformed			
Teased		Unloved			
Underestimated		Unsupported			
Worthless		Unwanted			

**Disclaimer:** *I, the recipient and client as stated above, understand that Energy & Spiritual Healing is not meant to replace conventional medicine but rather to complement it. If symptoms persist, a medical profession is to be consulted immediately. I hereby release the person(s) providing Energy & Spiritual Healing & the Tranquility Massage Therapy & Reiki LLC from any liability as a result of the services received by me. I understand that at no point should I stop taking prescribed medication or change the dosage without my primary care physician's recommendation or approval. I also declare that I have medical clearance from my medical doctors, to seek Energy & Spiritual Healing as a complimentary form of alternative treatment to my conventional medical treatment.*

**PRINT NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

