

Client History

Date: / /

* Fill out as much or as little as you feel is appropriate and useful, with respect to helping you to get the most possible out of our work together. * The information on this form is Strictly Confidential. * Use back of sheet, extra sheets, where extra space is needed. * Thank you for your trust in me, and your commitment to yourself in putting right the past, embracing the future, fulfilling your dreams, revealing your authentic Self.

Client's Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

D.O.B.: _____ Age: _____ Sex: _____ Occupation: _____

No. of Sisters: _____ No. of Brothers: _____ Birth Order (oldest, youngest, etc.): _____

Your Marital Status: Single/Married/Separated/Divorced No. of times married: _____

Details: _____

Do you have children? (names/ages, details: _____

Were you raised by (mother, father, both, other (specify)): _____

[any 1-10 questions: 1 = Poor/low, 10=Good/High]:

Relationship with Mother (1-10): _____ Relationship with Father (1-10): _____

Parental Status (Married, Divorced, etc., Details): _____

Mother: Living/Died Healthy/Ill Other Details: _____

Father: Living/Died Healthy/Ill Other Details: _____

Medical History: Please detail * whether you are seeing any health practitioner or counselor at this time, and for what * are you taking any medications at this time * have you had any major traumatic experiences/surgeries/accidents/illnesses in your life, and their effect on your mind/body, etc.?: _____

Is there any specific incident, issue or emotion you would like to work on during this session:

Liability Release

I understand that the purpose of this work is to release unwanted emotional patterns, blocks and barriers that stand between me and my goals, etc. I understand that this work is not intended to replace any treatment I may be receiving from any Psychological, Spiritual, Health or Medical Care professional. I understand this work makes no claims of diagnosis or cure. I warrant that I am of the mindset and disposition to take on this work, and that I will cause no harm to myself or others. The possible techniques of this work have been explained to me; I understand the areas where I may be touched; and I give my consent to be touched by the practitioner in the designated areas. Signature: _____