

COMPLETE RELEASE ENERGY
HEALING

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Client intake form:

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Cell Number: _____

Email Address: _____

Date of Initial Visit: _____

Have you had any energy work done in the past? Yes No

If yes, please explain what kind and how recently: _____

On a scale of 1 being low and 10 being high, how would you rate your stress level on most days?

Are you experiencing any body pain, tension, stiffness or other discomfort?

Yes No If yes, where in your body? _____

Do you have any particular goals in mind for this energy session? Yes No

If yes, please explain _____

Is there anything else about your health history that you think would be useful for me to know to plan a safe and effective energy session for you?

Although Energy Healing may have profound effects in individual cases, it is not considered medical in nature or a substitute for medical treatment. No guarantees can be made for Energy Healing and it is recommended that the client seek medical treatment and/or evaluation for any medical conditions in addition to Energy Healing sessions. Energy Healing is not a substitute for indicated medical treatment for medical evaluation. Energy Healing is not intended for clients who are having a medical crisis.

Signed: _____ Date: _____