



# Client Intake Form

## Personal Information

Name: Natasha Waeger Birthday: 9/5/1979  
Address: 249 Bell Rd, 1  
Suburb: Belford State: NSW Postcode: 2335  
Home Phone: \_\_\_\_\_ Mobile: 0404 489 163  
Email: \_\_\_\_\_ OK to email promos?  
Y / N  
Occupation: Project Manager Status: F/T P/T Casual  
Emergency Contact Name: Nev Bolam  
Relationship to you: Husband Contact Phone: 0488 614361

## Medical Information

Are you taking any medications? Yes No If yes, please advise: \_\_\_\_\_  
Are you pregnant? Yes No If yes, how far along and are there any  
concerns? \_\_\_\_\_  
Do you suffer from chronic pain? Yes No If yes, please advise: \_\_\_\_\_  
Is there anything that makes it feel better or worse? \_\_\_\_\_  
Have you had any injuries? Yes No If yes, please advise: \_\_\_\_\_

Please indicate if any of the following which apply to you:

Cancer	Headaches/migraines	Stroke
Fibromyalgia	Arthritis	Heart attack
Diabetes	Kidney dysfunction	Joint replacement
Blood clots	High/low blood pressure	Numbness
Sprains/strains	Depression	<u>Anxiety</u>

Other: \_\_\_\_\_

## Healing Information

If at any time during the session, you feel unwell or uneasy, please advise your healer. You're welcome to provide insights/experiences during the session if it will assist in the session, or you can advise upon the closure of the session.

Have you ever had energy healing or Reiki performed before? Yes ☐ No ☒

If yes, how long ago and what was the outcome? \_\_\_\_\_

Have you ever had any other holistic or natural healing performed before? Yes ☐ No ☒

If yes, what was it, and how long ago and what was the outcome? \_\_\_\_\_

What are your goals for this healing session? Tick all that apply:

Physical relief Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_

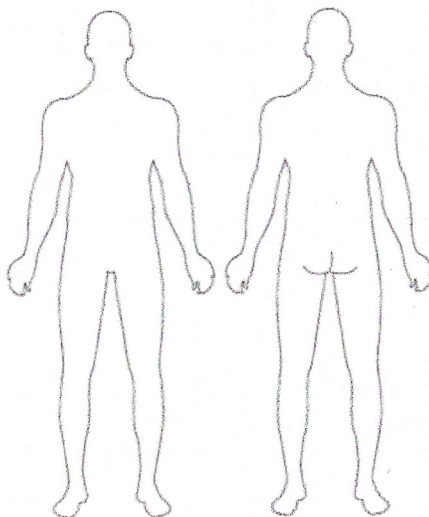
Emotional relief ☒ Yes ☐ No ☐ If yes, please explain: response to workplace stress

\_\_\_\_\_ caused by multiple negative people

Spiritual relief ☒ Yes ☐ No ☐ If yes, please explain: cleanse energy's

\_\_\_\_\_

If applicable, mark the areas of concern on the chart below:



## Client acknowledgments

By signing the below, you agree you have completed this form as honestly and completely as possible, and will advise if anything changes at any time; you understand energy healing is a natural, non-invasive modality to help bolster your own ability to heal and should not replace urgent or essential medical treatment by a medical practitioner.

Client's signature: [Signature] Date: 4/12/24

## Healer acknowledgements