



Client Intake Form

Personal Information

Name: Sami: FRANKLIN Birthday: 30/11/89
Address: 2006 NARABE RD
Suburb: NARABE State: NSW Postcode: 2390
Home Phone: _____ Mobile: 0476794636
Email: Sami:rox@hotmail.com OK to email promos? ☒ Y ☐ N
Occupation: TECHNICAL ASSISTANT Status: ☒ F/T ☐ P/T ☐ Casual
Emergency Contact Name: WILL FRANKLIN
Relationship to you: PARTNER Contact Phone: 0432449510

Medical Information

Are you taking any medications? Yes No If yes, please advise: _____
IRON TABLETS

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

Anxiety

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? FELT AMAZING, HAD SOME

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? FELT GREAT

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

Physical relief

☒ Yes

☐ No

If yes, please explain: 6

Emotional relief

☒ Yes

☐ No

If yes, please explain: 2

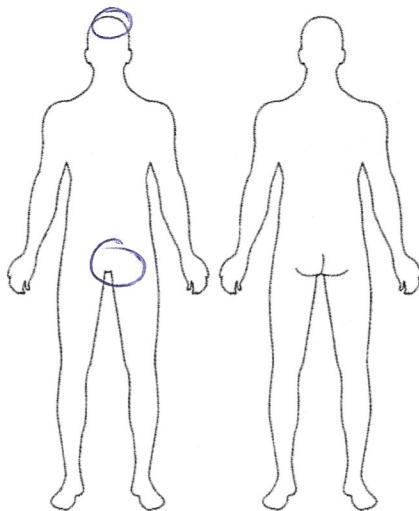
Spiritual relief

☒ Yes

☐ No

If yes, please explain: 1

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: 14/2/24

Healer acknowledgements

By signing the below, you agree to perform your healing session with pure, loving intention in order to serve your client's greatest and highest good, and have also advised your client of what to expect before, during and after the session has been completed.

Healer's signature: [Signature]

Date: _____