

Confidential Client Intake Form

Name: _____

Address: _____

Post Code: _____ Town: _____

Home Phone #: _____

Cell Phone #: _____

Email Address: _____

Occupation: _____

How did you hear about The Sanctuary? _____

Website/DVN/Counseling in France/English Informer/Friend

In Case of Emergency, Please Notify:

Name: _____

Telephone #: _____

What are your goals for this treatment?

Rate your stress level on a scale of 1-4 (1=low, 4=high): _____

Are you aware of tension or holding stress in certain areas of your body?

Have you had Energy Work or other alternative treatments before? (Circle) Y N

Are you currently seeing a health care provider for a health issue? Y N If so, list name and location:

Please list any medications or natural remedies/herbs you currently take that you feel I should know about:

If you have had any surgeries, accidents, injuries, major illnesses or hospitalizations, please list them and the date(s) and treatment(s):

Are any of the above conditions still affecting you? If so, what and how?

Do you have any severe allergies?

Are you physically active? Y N

Are you spiritually active? Y N

All treatments are done fully clothed. Do you prefer hands on or hands off treatment?

Are you sensitive or ticklish to touch/pressure in any areas?

Do you like to sing or do you feel free to make sounds and tones? Y N

Are you sensitive to essential oils, incense, or other scents?

Do you wear contact lenses? Y N

