Energy Therapy

Confidential Health History Form

Name: ______________________ Date: ______________ Referred By: ______________

Address: ______________________ City: ______________ State: ________ Zip: ________

Date of Birth: ________ Occupation: ______________ Phone-Day: ____________ Evening: ____________

Email: ______________________ Mobile phone: ______________________

Emergency Contact: ______________________ Relationship: ______________ Phone: ______________

What are your goals for your energy session today? ______________________________

What are your long-term goals? ______________________________

Please answer the following questions by checking the appropriate box:

YES	NO	
☐	☐	Have you received energy therapy before? If yes, date of last session: ______________
☐	☐	Do you wear contact lenses? ______________
☐	☐	Do you wear dentures? ______________
☐	☐	Do you have any skin conditions, or allergies? If yes, what? ______________
☐	☐	Are you pregnant? If so what stage? ______________
☐	☐	Do you exercise regularly? What/How often? ______________
☐	☐	Do you take any medications? (include asprin/ibuprofin) ______________
☐	☐	Have you ever had surgery? Explain: ______________
☐	☐	Do you have migraines or headaches? ______________
☐	☐	Do you have arthritis? Osteo or Rheumatoid ______________
☐	☐	Do you have heart problems? If yes, explain: ______________
☐	☐	Do you have back or spine pain? Describe: ______________
☐	☐	Do you have indigestion? ______________
☐	☐	Do you have constipation or diarrhea? ______________
☐	☐	Do you have liver problems? ______________
☐	☐	Do you have kidney problems? ______________
☐	☐	Do you have cancer? ______________
☐	☐	Do you have female organ problems? ______________
☐	☐	Do you have prostate problems? ______________
☐	☐	Do you experience feelings of depression? ______________
☐	☐	Do you have any other medical conditions that your energy therapist should be aware of? ______ Explain: ______________

It is my choice to receive energy therapy. I realize the treatment being given is for the well-being of my body, mind and spirit. I understand that energy therapists do not diagnose illness, disease, or any physical or mental disorders; nor do they prescribe medical treatments, pharmaceuticals, or perform spinal manipulations. I acknowledge that energy therapy is not a substitute for medical examination or diagnosis, and that it is recommended that I see my primary health care provider for that service. I have stated all of my medical conditions that I am aware of, and will update the energy therapist of any changes in my health status. Signing below indicates my agreement to this disclosure.

SIGNATURE: ______________________ DATE: ______________

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