

# Client Intake Form



## Personal Information

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Name: \_\_\_\_\_ Birthday: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_ OK to email promos? Y / N  
Occupation: \_\_\_\_\_ Status: F/T P/T Casual  
Emergency Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

## Medical Information

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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	Anxiety

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

**Healing Information**

If at any time during the session, you feel unwell or uneasy, please advise me. 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? \_\_\_\_\_

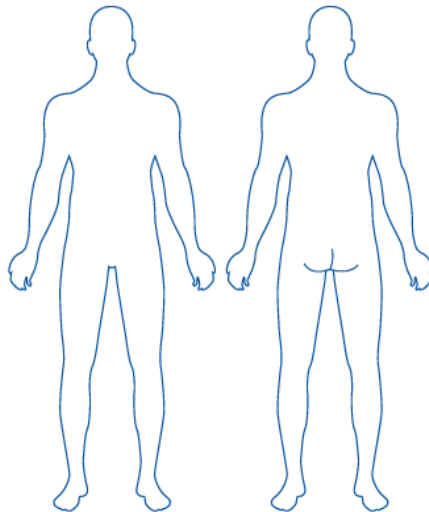
What are your goals for this healing session? Tick all that apply:

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

Emotional relief Yes No If yes, please explain: \_\_\_\_\_

Spiritual relief Yes No If yes, please explain: \_\_\_\_\_

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



**Client acknowledgments**

By signing the below, you agree that all payments are non-refundable & that 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. All of your personal information is 100% confidential. Lastly, by signing here I acknowledge that I will not hold Medicine Bird Quantum Wellness PLLC or Erika Kluthe liable for any injury or for any other reason whatsoever; I am ultimately responsible for my health and wellness.

Client's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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.

Practitioner's signature: \_\_\_\_\_ Date: \_\_\_\_\_