Cosmic Healing for the Body, Mind, Spirit Client Information Form

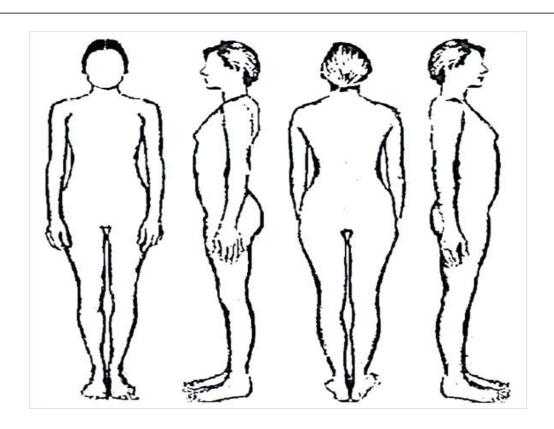
Name:	Month & Year of Birth			
Address:	city	state	zip	
Phone #:	email:			
I would like to be contacted for appointment ren I would like to receive occasional emails, update Is this the first time you have received a massag Would you like to incorporate Reiki Energy wor	es, newsletters $\overline{\text{by }}$	Cosmic Healing.	YesNo ng YesNo	
Do you have: Skin problems or allergies: YesNo Arthritis or joint disorders: YesNo Are you currently experiencing pain: YesNo Have you taken or had alcoholic beverages in th Do you have any medical conditions, medication	ns, treatments or er	notional challeng	ges I should be	
aware of before the session? Please share				
What are your intents and expectations for this s	session?			
Client Consent: Sessions for sound, energy and massage are for the body, mind and spirit. I will immediately inf I understand that sound, energy and massage ses medical examination, diagnosis, or treatments. I prescriptions, adjustments or treat mental illness construed as such. Sound, Energy and Bodywor conditions. I affirm that I have stated all my knot o update my therapist on any changes to my metherapist's part if there is not full medical discloss suggestive remarks or advances made by me to session. I understand payment is due at time of session.	form the therapist of ssions should not be The therapist is not as and nothing in the way not always be well as a conditional	of any discomfort e construed as a qualified to mak e course of the se be warranted und tions and answered that there will be any and all illicit	during the session. substitute for e a diagnosis, write ssion(s) should be er certain medical ed honestly. I agree be no liability on the and sexually	
Privacy Policy: All information shared in session law and authorized by you will information by	-	•	if required by the	
Client Signature:	·	Date:		

Client Intake Form:

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How many nours of si	eep per night do you get on ave	rage: last night	

Directing Bodywork to specific areas may alleviate or lower pain. Please indicate the areas on the body forms below where you experience pain with the numeric level between 1-10. 1 being low to 10 being intolerable.

Please indicate, if able, how long you have had the pain and what else was occurring in your life at the onset of symptoms.



Session Notes:		