



Healing Methods LLC[®]
Energy Healing Intake Form

Name: _____ **Date:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Email: _____

Phone: (home) _____ (cell) _____

How did you hear about Healing Methods?

Have you had energy treatments before: Yes / No

If yes, what method was used and when: _____

What is your goal for today's session?

Do you have any difficulty lying on your back? Yes / No

Do you have any additional comments or questions before we begin your session?
