

CONFIDENTIAL CLIENT PROFILE



Client Name: _____ Date: _____
Date of Birth: _____ Gender: _____ Nickname: _____
Address: _____
Email: _____
Occupation: _____ Mobile: _____
Emergency Contact & Mobile: _____

Your appointment today is: Reiki ThetaHealing
 Chakra Balancing Crystal Healing Grid

Please list any special health issues/conditions (including health restrictions, allergies, pain, stress, concerns and if required, information on emergency care/your doctor information):

Please list any medications you currently take and for which condition (including vitamin supplements):

Please list any serious or chronic illness, operations, trauma, accidents, surgeries, injuries:

Are you allergic to any Essential Oils? _____

(Women) Are you pregnant? Yes No If Yes, when is your due date? _____

How do you feel today? _____

Are you currently seeing any other practitioners? Please elaborate: _____

Have you had a holistic, energy, spiritual clearing, Reiki, ThetaHealing, Chakra Balancing, Crystal Grid Healing before? Yes No

If Yes, please list what session(s) you have had and your experience: _____

What else are you doing to support your health and wellbeing? _____

How did you hear about Reiki / ThetaHealing / Chakra Balancing / Crystal Grid Healing? _____

Referred to Beaches Healing by: _____

WHAT IS YOUR INTENTION FOR YOUR HEALING TODAY?

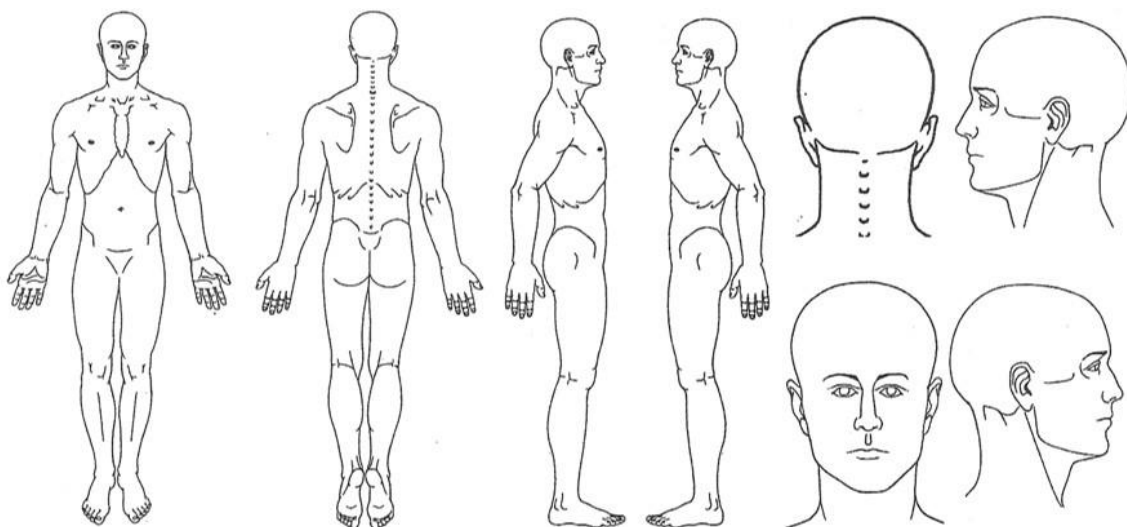
i.e. "WHAT ARE YOU READY TO LET GO OF?" and "WHAT YOU WOULD LIKE TO BRING IN, IN ITS PLACE?"

Please tick from list below plus list any/all goals, hopes, intentions and expectations.

- Disease - Please elaborate: _____
- Dysfunctional behaviour - Please elaborate: _____
- Relationship Issues - Please elaborate: _____
- Family issues - Please elaborate: _____
- Finance Issues - Please elaborate: _____
- Limiting Beliefs/Programs - Please elaborate: _____
- Negative Emotions - Please elaborate: _____
- Other - Please elaborate: _____

- Physical pain - Please elaborate: _____
-

Please indicate below with a cross (X) areas of any pain





CLIENT INFORMED CONSENT

As a client of Beaches Healing, I understand that Reiki / ThetaHealing / Chakra Balancing / Crystal Grid Healing / Holistic Counselling (aka Healing) is not a replacement for medical care and that no diagnosis will be made. I understand that I would seek assistance from a licensed medical professional for any serious psychological/physical/emotional ailment I may have.

As a client of Beaches Healing, I verify that all information provided and signed for on this Confidential Client Profile is correct and current to the best of my knowledge. I understand that any information provided/exchanged is for safety purposes and will be kept strictly confidential. I agree to keep Beaches Healing updated as to any changes in my medical profile and understand that there shall be no liability on Beaches Healing part should I fail to do so.

I hereby give my consent to receive Reiki / ThetaHealing / Chakra Balancing / Crystal Grid Healing / Holistic Counselling (aka Healing) and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to this Healing is my sole responsibility. My decision to receive Reiki / ThetaHealing / Chakra Balancing / Crystal Grid Healing / Holistic Counselling (aka Healing) is voluntary, and I know of/understand and assume all risks associated therewith.

I understand that my treatment is conducted on a private property (29 Carpenter Crescent, Warriewood NSW 2102) and that all reasonable efforts have been made to ensure it is safe and comfortable for my attendance. I accept full liability in the unlikely event of my personal injury while on the above-mentioned property or as a result of my personal choices or actions undertaken as a result of my treatment.

If I experience any pain or discomfort during my Healing, I will immediately inform my Healing Practitioner, so this can be adjusted to my level of comfort. I will not hold my Healing Practitioner responsible for any pain or discomfort I experience during or after my Healing Session.

Understanding all the above, I agree and give consent to receive Reiki / ThetaHealing / Chakra Balancing / Crystal Grid Healing / Holistic Counselling (aka Healing).

Client Signature: _____ Date: _____

If under age 18, Client must be accompanied by a parent/guardian during the entire session.

Parent/Guardian Signature: _____ Date: _____

THANK YOU ☺
PLEASE ENSURE TO BRING THIS FORM COMPLETED AND SIGNED TO YOUR HEALING APPOINTMENT