Energy Work Intake Form

In Harmony Healing

Initial Consultation Intake Form

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Client Information

First Name *

Preferred Name

Last Name *

Date of Birth

Email *

Mobile Phone

Preferred method of contact:

Address

City

State

Postal Code

Country

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Emergency Contact Relationship to You:

Health & Medical History

Please check any that apply:

- ☐ Chronic Pain
- ☐ Anxiety/Depression
- ☐ Headaches/Migraines
- ☐ Fatigue
- ☐ Sleep Issues
- ☐ Digestive Problems
- ☐ Autoimmune or Inflammatory Conditions
- ☐ Hormonal Imbalances
- ☐ Recent Surgery/Injury (please describe using text field below)
- ☐ Other (please describe using text field below)

If Recent Surgery/Injury selected, please describe below:

If Other selected, please describe below:

Diagnosed Medical Conditions (if any):

Current Medications or Supplements:

Surgeries, Injuries, or Hospitalizations:

Are you currently experiencing physical pain or discomfort?

- ○ Yes

- No

If yes, please describe location, duration, and intensity using the slider below:

Intensity (1–10):

Emotional, Energetic & Spiritual Awareness

Are there any emotional blocks, overwhelm, or areas where you feel stuck?

Have you experienced trauma (physical or emotional) that may affect your current state?

Do you feel sensations, messages, or emotions in your body that are difficult to explain?

Have you worked with any of the following? (check all that apply):

- Energy Healing
- Reiki
- Intuitive Guidance
- Spiritual Practices
- Meditation
- Breathwork
- Therapy
- Journaling
- Bodywork
- Yoga
- Other (use text field below to add details)

If other selected, please describe below:

Intentions for Today's Session

What would you like support with during today's session?

Are you open to receiving intuitive or energetic impressions that may come through?

- Yes
- No
- Maybe

Do you have any specific goals, themes, or questions you'd like to explore?

Consent & Disclaimer

I understand that energy healing and intuitive guidance are complementary therapies and not substitutes for medical or psychological care. I take full responsibility for my health and well-being and release the practitioner from any liability related to this session.

Name (printed):

Date:

Signature: *