

Vibrational Healing Session

Confidential Client Intake Form

Valarie Haag, ND
(267) 840-8003
www.rainbowsofhealing.com

General Information:

Name: _____ Date: _____

Address: _____
Street City State Zip Code

Home Phone #: _____ Work/Cell #: _____

E-mail: _____ Date of Birth: _____ Age: _____

Favorite Color: _____ Least Favorite Color: _____

Occupation: _____ Employer: _____

Marital status: _____ Number of Children: _____ Ages: _____

Referred by: _____

Please summarize your intention and goals for this session:

Most Significant Health Problems:

If you have a specific chief complaint, please describe (briefly).

How and when did the problem begin? :

Medications currently using

Supplements currently taking

Have you ever had a Reiki Treatment before? Yes No

Do you have any experience with crystals or stones? Yes No

If yes, describe _____

Did you ever have surgery? Yes No

If yes describe _____

Do you wear contact lenses? Yes No

Did you recently suffer an acute injury? Yes No

Are you pregnant? Yes No

Do you have any tense/sore areas
that need special attention? Yes No

If yes, please describe _____

Where in your physical body are weak or vulnerable areas? _____

Do you have any other medical condition that
I should be aware of? Yes No

If yes, please specify _____

What emotion do you feel you least express? Most express? _____

Do you have a spiritual practice? If so, what? _____

What do you hope for, and what are your expectations from this healing today and long-term:

Is there anything else you want to share or want me to know?

Notes:

Consent Form for Treatment

Please take a moment to carefully read the following information, and sign where indicated.

As an integrative health practitioner, I do not medically diagnose or prescribe treatment. My approach is holistic, focusing on you as a complex, dynamic, unique being – body, mind, and spirit – and I serve as a facilitator in your process of healing.

We may explore areas that influence your state of well-being, such as your health history, life stressors, your belief systems and attitudes, your family and childhood history, diet, exercise, and how you are in relationship. Your sharing is always kept confidential.

The hands-on healing techniques balance, clear, and charge your energy field and system, remove energetic blocks that lead to dis-ease, and enhance your body's natural healing potential. At times I will touch your body while doing Reiki, and at other times I may work with your energy field off your body. I may also use crystals, gems, smudging and/or sound to free up blocks. If at any time during the session you are uncomfortable, it is your responsibility to inform me. Reiki or Crystal energies may cause changes in the body called healing crises that can make acute conditions feel worse in the first few days after a session. Self-care is an extremely important part of your healing process.

Due to the nature of this work, I recommend that you refrain from using alcoholic beverages for 24 hours following your session. Drinking a lot of water is also important, as it flushes out toxins from your system. I am most happy to answer questions regarding my services, and I also encourage you to express any concerns that you may have.

Valarie Haag, N.D.

I have read and understand the above information provided by Valarie Haag, N.D. I further understand that her services are not to be interpreted as medical examination, diagnosis, or a substitute for medical treatment, and that nothing said or done during the course of the session given should be interpreted as such. Any questions I currently have, have been answered to my satisfaction.

I also understand that scheduled appointments require that time allotments are set-aside especially for me. Therefore, notification of cancellation must be made at least 24 hours in advance of my scheduled appointment. Broken appointments without 24 hours notice or no-shows will be charged full fee.

Signed _____

Date _____