Client Information Form

Name: Birthdate (mm/dd/yy):

Cell Phone: Home Phone: Work Phone:

Address:

City, State, Zip:

Email:

How do you prefer to be contacted? ☐ Phone ☐ Email ☐ Text

Emergency Contact: Relationship: Phone:

How did you hear about Twin Palms Healing, LLC?

List any major events in your life and your age or the year of the event. Examples include: divorce (yours or your parents), marriage, child's birth, broken bones, diagnosis of a disease, major illnesses.

If you are taking any medications or supplements, what are they for? You don't need to list the name, just the reason why (e.g., low thyroid, high blood pressure, immune system support, depression). How long have you been taking it?

To what do you attribute your current situation, symptom, or health issue?

Have you ever had an energy healing session before? ◯ No ◯ Yes

If yes, when was your last session? Number of previous sessions:

Are you sensitive to perfumes or fragrances? ◯ No ◯ Yes

Are you sensitive to oils? ◯ No ◯ Yes

Are you sensitive to touch? ◯ No ◯ Yes