

1. Personal Information

Full Name:	
Date of Birth:	
Age:	
Phone Number:	
Email Address:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone:	

2. Current Emotional Well-being

How are you feeling emotionally right now? (Circle or mark all that apply)

Calm <input type="checkbox"/>	Stressed <input type="checkbox"/>	Overwhelmed <input type="checkbox"/>
Anxious <input type="checkbox"/>	Sad <input type="checkbox"/>	Other: _____

On a scale of 1–10, how would you rate your emotional well-being?

1 (Very Low) _____ 10 (Excellent)

3. Reason for Seeking Healing

Stress / Anxiety <input type="checkbox"/>	Emotional Healing <input type="checkbox"/>	Trauma Recovery <input type="checkbox"/>
Relationship Challenges <input type="checkbox"/>	Life Direction / Purpose <input type="checkbox"/>	Spiritual Growth <input type="checkbox"/>
Energy Balance <input type="checkbox"/>	Other: _____	

Please describe what you are currently experiencing:

4. Health Background

Do you have any diagnosed medical conditions? Yes No

If yes, please explain:

Are you currently taking any medications? Yes No

If yes, please list: