DATE OF FIRST VISIT:

15522 Madison Avenue • Lakewood OH 44107 • 216.903.1572

Client Intake Form

INSTRUCTIONS: To fill this form out on your computer, click the tab key to move between fields and click directly on the squares to fill. You can either print it out and bring it with you or email it at least 24 hours before your appointment.

NAME		STREET ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	PHONE	EMAIL ADRESS	PROFESSION(S)		
# WORK HOURS/WEEK		RELATIONSHIP STATUS ☐ S ☐ M ☐ D ☐ W ☐ COHABITATING		# KIDS AT HOME	
EMERGENCY CONTACT NAME		CONTACT PHONE	DO YOU SEE A HOLISTIC PHYSICIAN? IF YES, PLEASE INCLUDE NAME ☐ NO ☐ YES, NAME:		

Would you like to receive educational newsletters via email approximately every other month? ☐ YES ☐ NO

Is this your first energetic bodywork session? ☐ YES ☐ NO - If no, check all modalities you have experienced:
☐ CranioSacral Therapy ☐ Reiki ☐ Acupuncture ☐ Accupressure ☐ Polarity Therapy ☐ Reflexology
☐ Spiritual Healing ☐ Other:

How did you hear about the Healing Room? ☐ Ad ☐ Website ☐ Facebook ☐ Referred by:
☐ Other:

Any surgeries this past year? ☐ YES ☐ NO If yes, type of surgery:

Have you had an accident in the past year? ☐ YES ☐ NO If yes, describe:

Any additional surgeries or accidents? ☐ YES ☐ NO If yes, describe:

Are you sensitive to any scents, sounds, textures or light? ☐ YES ☐ NO If yes, describe:

What are your methods of relaxation?

What are your hobbies?

Are you, or could you currently be pregnant? ☐ YES ☐ NO If yes, due date if known:

List supplements you are currently using:

CHECK OR CLICK ON THE BOXES ANY THAT YOU ARE USING CURRENTLY

☐ Alcohol (social)	☐ Anti-Depressant	☐ Cortisone	☐ Pain Medication
☐ Alcohol (heavy)	☐ Birth Control Pills	☐ Cholesterol Medication	☐ Refined Sugar
☐ Antacid	☐ Blood Thinner	☐ Hormones	☐ Sleeping Pills
☐ Allergy Medicine	☐ Coffee	☐ Laxatives or Stool Softener	☐ Thyroid Medication
☐ Antibiotic	☐ Cola, Soda, Pop	☐ Marijuana	☐ Tobacco

CHECK OR CLICK ON ANY THAT CAUSE YOU CONCERN *(some items appear in more than one section):*

Section				
ROOT	☐ Money or Job Issues	☐ Feet	☐ Blood	☐ Safety
	☐ Family Support Issues	☐ Bones	☐ Fear	☐ Self-Confidence
	☐ Low Back, Tailbone Pain	☐ Teeth (not gums)	☐ Anxiety	☐ Calcium deficiency
	☐ Legs or Ankles	☐ Colon	☐ Frustration	☐ Anemia
	☐ Knees	☐ Prostrate	☐ Insecurity	☐ Fatigue
	☐ Bladder	☐ Hemorrhoids	☐ Clumsiness	☐ Over/Underweight
SACRAL	☐ Reproductive Organs	☐ Spleen	☐ Over/Underweight	☐ STD's
	☐ Impotence	☐ Addictions	☐ Eating Disorders	☐ Constipation/Diarrhea
	☐ Kidneys	☐ Stiff Low Back	☐ Depression	
	☐ Urinary Problems	☐ Skin	☐ Sciatica	
SOLAR PLEXUS	☐ Digestion	☐ Metabolism	☐ Procrastination	☐ Addictions
	☐ Liver or Gallbladder	☐ Small Intestines	☐ Reaching Goals	☐ Parasites
	☐ Skin Conditions	☐ Confidence	☐ What Others Think	☐ Jaundice
	☐ Self Esteem	☐ Self-Worth	☐ Diabetes/Blood Sugar	☐ Infections
	☐ Anger	☐ Confusion	☐ Hepatitis	☐ Nervousness
HEART	☐ Lungs	☐ Muscles	☐ Indecisiveness	☐ Blood Pressure
	☐ Heart	☐ Sorry For Oneself	☐ Fear Of Letting Go	☐ Passiveness
	☐ Arms/Hands	☐ Paranoia	☐ Fear Of Getting Hurt	☐ Muscle Tension
	☐ Hypertension	☐ Overly Empathic	☐ Feeling Ignored	☐ Breathing
THROAT	☐ Throat	☐ Shoulders	☐ Toothaches	☐ Hormonal Problems
	☐ Mouth Or Jaw	☐ Lymph	☐ OCD	☐ Hiccups
	☐ Thyroid	☐ Suppressed Anger	☐ Speech Disorders	☐ PMS
	☐ Tongue	☐ Frequent Colds Or Flu	☐ TMJ	☐ Mood Swings
	☐ Gums	☐ Cough	☐ Hyperactivity	
	☐ Neck	☐ Cold Sores	☐ Melancholy	
THIRD EYE	☐ Eyes/Eyestrain/Blindness	☐ Forebrain	☐ Headaches	☐ Intuition
	☐ Nose	☐ Selfishness	☐ Eyestrain	☐ Sleep Disorders
	☐ Ears	☐ Assertiveness	☐ Memory	☐ Manic Depression
	☐ Sinuses	☐ Fear Of Success/Failure	☐ Anger	☐ Schizophrenia
	☐ Cerebellum	☐ Ego	☐ Migraines	☐ Paranoia
	☐ Pineal Gland	☐ Equilibrium	☐ Nightmares	
CROWN	☐ Brain	☐ Depression	☐ Neuralgia	☐ Connection to the Divine
	☐ Pituitary Gland	☐ Alienation	☐ Confusion	
	☐ Hair	☐ Mental Illness	☐ Senility	

Reason(s) for this visit :

Anything else you would like me to know :

Fran Kerg, Energy Medicine Practitioner
Reiki Master Teacher, Registered Board Certified Polarity Practitioner
Member of the American Polarity Therapy Association and
The American Holistic Medical Association

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Disclaimer and Client's Statement of Understanding

The practices which Fran Kerg has been trained in do not require licensing in the State of Ohio, nor are they under the control of the Medical Board. Standards of Practice adhered to are those required as a Board Certified Polarity Practitioner member of the American Polarity Therapy Association.

- Usui Reiki
- CranioSacral Therapy
- Polarity Therapy
- Lightarian Reiki
- Reconnective Healing
- Matrix Energetics
- Whole Life Healing
- Emotional Freedom Technique
- Energy Interference Patterning of DNA
- Shamballah Multidimensional Healing
- The Emotion Code
- The Art of Neutrality

Client's Statement of Understanding: I, the undersigned, do hereby fully and clearly understand that Energy Medicine modalities are complementary healing, and may be an enhancement to, not a substitute for, conventional medical or psychological diagnosis and treatment.

I understand that energy medicine practitioners do not diagnose physical or mental conditions, prescribe or perform medical treatment, or prescribe substances.

I understand and agree that, as my energy medicine practitioner does not interfere with my treatment by any licensed medical professional, a decision to forego use of or change the dosage of any prescribed medication is *mine alone and not done at the suggestion or inference of the practitioner.*

I agree that no claims of miracles and cures have been made, expressed or implied, and it has been recommended that I see a licensed healthcare professional for any physical or psychological ailments.

I understand that personal information regarding my energetic bodywork sessions will not be shared by my energy medicine practitioner with any third party (including any of my other healthcare providers) without my express knowledge and permission.

PRINT NAME	SIGNATURE	DATE SIGNED