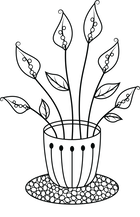
**Client Questionnaire**

***PLEASE ANSWER ALL QUESTIONS YOU FEEL COMFORTABLE ANSWERING***

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Referred By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Guardian if under 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Living Situation: (safety, household members, pets, stress level, etc.)**

**What changes would you like to see in yourself (or client) as a result from this session?**

**Prior Energy Therapy Experience:**

**Hobbies & Interests:**

**What do you do to relax?**

**Current Overall Health and Wellbeing: \_\_\_Excellent \_\_\_Very Good \_\_\_Good \_\_\_Fair \_\_\_Poor**

**Daily Avg: Pain Level: (1-10) \_\_\_\_Anxiety (1-10) \_\_\_\_ Depression (1-10): \_\_\_\_Stress (1-10) \_\_\_\_Energy Level (1-10 )\_\_\_\_**

**Explain:**

**Current Interventions Used (medical, herbal, holistic, exercises, etc.):**

**Mental/Emotional/Physical Health History (Please include any physical/mental health issues that run in your family):**

**Past Surgeries/Accidents/Injuries:**

**Current Medications/Supplements:**

**Major or Traumatic Life Events (Childhood-Present*) Please only answer what you feel comfortable sharing:***

**Describe Your Typical Sleep:**

**Nutrition/Dietary Concerns:**

**Digestive and/or Menstrual Concerns:**

**Is there anything else you would like to tell me before your session? Questions?**