

Energy Healing Studio - Healing Touch Intake Form



Date: _____ Client: _____

Referred by: _____ Practitioner: _____

General Information

Address:

Phone:

Email:

Emergency contact (name/phone):

Legal guardian if under 18:

DOB:

Age:

Education/Occupation:

Living Situation (Marital status/pets/alone; home as supportive or stressful? Social, family, personal support?):

Military Branch and years:

What change would you like to see in yourself as a result of this session?

Prior Energy Therapy/HT experienced?

Hobbies & interests:

Spiritual beliefs/practices/affiliations:

Is your belief a source of support to you?

Word/Name(s) you use for Higher Power?

Your perceived strengths:

Self Care

Current self-care practices (exercise, meditation, relaxation, body care, journaling, etc):

Use scale 1-10, with 10 as an extreme issue, to rate **only areas of concern**. Please describe any items rated 7 or above.

| | | |
|----------------------------|------------------------------|-----------------------|
| ___ Personal Relationships | ___ Depression | ___ Headaches |
| ___ Physical Health | ___ Mood swings | ___ Pain |
| ___ Mental Health | ___ Anger | ___ Fatigue/lethargy |
| ___ Emotional Health | ___ Anxiety | ___ Hormonal issues |
| ___ Spiritual | ___ Panic or anxiety attacks | ___ Allergies |
| ___ Work | ___ Trauma PTSD | ___ Sleeping issues |
| ___ Finances | ___ Memory problems | ___ Safety |
| ___ Eating/Nutrition | ___ Personal Direction | ___ Major Life Change |
| ___ Addiction | | ___ Other |

Relevant Health History

Current overall health condition: ___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

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

Last physical exam:

Current health care professionals:

Health history (list medical conditions/diagnoses, with dates/years):

Hospitalizations/surgeries/accidents/injuries (date/year/complications?):

Mental health issues or diagnoses:

Mental/emotional traumas (condition/date/year):

Current prescription/over-the-counter medications/recreational drug use:

Supplements Used: ___Vitamins ___Minerals ___Herbs ___Homeopathy ___Flower Essences ___Other

Sleep quality/sleep aid usage/average hours of sleep per night:

Nutrition/Diet:

Elimination:

Daily water amount:

Caffeine/Alcohol/Tobacco/amount:

Is there **anything else** you want me to know? Any questions about me or Healing Touch?

ENERGY HEALING STUDIO
Dawn Warnaca, HTCP/I, QM, AA
2817 SW Volcano Circle
Redmond, OR 97756
(253) 732.7403



CLIENT AGREEMENT - INFORMED CONSENT

Professional Disclosure Form

Welcome, and thank you for the opportunity to work together. I am a Healing Touch Certified Practitioner and Instructor. I began my studies with Healing Touch Program in September, 2007, and have successfully completed all levels of training. I was approved for International Certification March, 2010. I became a Certified Instructor in December, 2011. I personally find this work to be a gentle, subtle, and profound complementary modality. I am a member of Healing Touch Professional Association. I have completed Master level Reiki training and Level 1 of Aromatherapy from The Institute of Spiritual Healing & Aromatherapy. I am a student of Healing Touch for Animals. I am not a doctor, a psychologist, therapist or mental health professional, nor do I hold any licensure in the State of Washington. I am not trained to diagnose physical illness, nor do I advise on the use of drugs or surgery. I am trained to energetically treat symptoms.

Healing Touch sessions have been shown to:

- Provide relief from physical or emotional pain.
- Create clarity and relief from mental or spiritual stress.
- Promote relaxation, restful sleep, and a sense of well being.
- Accelerate healing from wounds or illness.
- Decrease anxiety, tension, and stress.
- Decrease pre-surgical anxiety & speed up the recovery process.
- Ease transition or provide peace in times of accelerated change.
- Create clarity of purpose, mission and support making positive changes in your life.
- Help you reconnect to your core identity and develop self-love



The fee per session is \$90.00 for 90-minute session or \$60.00 for a 60-minute session. I am willing to discuss a pay it forward, pro-bono, or sliding fee. Financial arrangements other than expressed above need to be discussed in advance of your session. Cancelation Policy: Please call 24 hours before the start time of your appointment. If you do not, because I cannot book another client in the time slot I reserved for you, I will ask you to pay for the missed session. Emergency situations do arise; please call to discuss options.

All issues related to our session is confidential, and I follow HIPPA guidelines regarding privacy of health information, unless specified in writing or governed by law. I will identify to you what these are should they come up in a session. Please ask if you have questions about this form and laws. I do share with peers and mentors session experiences that promote the learning process; your personal information remains confidential. Complaints can be made by contacting: **HEALING TOUCH PROGRAM™** 20822 Cactus Loop, San Antonio, Texas 78258 Phone 210-497-5529 Fax 210-497-8532 E-mail: info@HealingTouchProgram.com

No guarantees as to the result of treatment are expressed or implied. Healing Touch is not meant to replace standard medical practice; rather it is to complement it. You can terminate treatment at any time. Healing Touch can be done on and/or off body. Some techniques are always off body. Where hands-on touch is appropriate for the healing process, it is non-sexual, gentle, and within your consent and boundaries. You are encouraged to discuss anything that you are noticing at any time during our work together. Please confirm with your signature that you have read and agree to the above and will ask questions if you have any concerns, now or at any time during our work together. Thank you for being here –

I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Dawn Warnaca. I hold harmless Dawn Warnaca and Energy Healing Studio and the personal estate of Dawn Warnaca should personal injury occur on our around the home/property where sessions take place.

Signature of client: _____ Date: _____

Signature of Parent/Guardian, if client is under the age of 18: _____