

Reiki: Healing Touch: Qigong: The Grandmother's Hand



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The laying on of Hands

A Paradigm Shift in Energy Medicine

Including releasements of trans-generational traumas and oppressions

Blessings, your session is a confidential experience. All sessions are prepaid before or at the time that we confirm your appointment. Your payment secures your space. If you are under eighteen you will need your parent or guardian's signature and they must be there with you or with a legal guardian. If you are 18 to 21, a valid ID. Please give me at least 24hr. notice of cancellation. Emergencies are considered, so call me @ 832 746 3627. Please print.

Please check YES___ (required)

I HAVE READ THE ABOVE INFORMATION AND I AGREE TO THESE TERMS:

PRINT _____ SIGNATURE _____

Date _____

CLIENT INFORMATION: Please Print

NAME _____ BIRTH DATE _____

ADDRESS _____

HOME PHONE _____ BUSINESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____ CELL _____

OCCUPATION _____ HOBBY _____

NUMBER OF CHILDREN AT HOME _____ AWAY _____

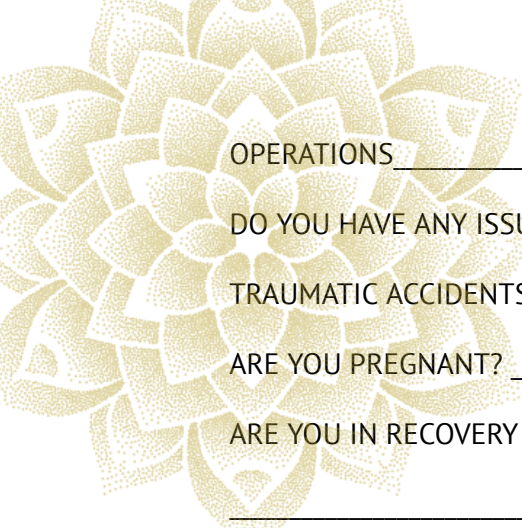
GENERAL HEALTH CONDITION: EXCELLANT ___ GOOD ___ AVERAGE ___ BELOW

AVERAGE ___ CHALLENGEING ___

HAVE YOU HAD\ HAVE ANY SERIOUS OR CHRONIC ILLNESS ___ YES ___ NO

Peacemaker Enterprise

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OPERATIONS _____

DO YOU HAVE ANY ISSUES WITH DEPRESSION, Yes or No _____ (Optional)

TRAUMATIC ACCIDENTS? _____

ARE YOU PREGNANT? _____

ARE YOU IN RECOVERY OR HAVE YOU BEEN AFFECTED BY ADDICTIONS /WHAT?

_____ (Optional)

ARE YOU UNDER A DOCTOR'S \CHIROPRACTOR'S\THERAPIST OR OTHER HEALTH CARE
WORKER'S CARE? _____ YES _____ NO

IF SO; FOR WHAT _____

ARE YOU ON MEDICATION ___ IF SO, WHAT KIND AND FOR WHAT?

WHY DID YOU COME FOR THIS SERVICE? RELAX ___ PAIN ___ STRESS ___

HAVE YOU EXPERIENCED RIEKI / OTHER ENERGY MEDICINE BEFORE? YES _____ NO _____

HOW OFTEN _____

DO HAVE A PROBLEM WITH AROMATHERAPY SCENTS _____

CIRCLE: STRESS LEVEL FROM ONE TO FIFTEEN: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15

HOW DID YOU FIND ME ? _____

Bless You : May your energetic journey leave you well pleased.



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