



Grand Rapids Natural Health, LLC

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Client Intake Form – Energy Therapy

Client Information:

Name: _____

Phone: Daytime _____ Evening _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____ Date of Birth: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

General Information:

How did you hear about us? _____

Have you ever had energy healing before? yes no

If yes, what modality? _____

If yes, for what purpose? (eg: general wellness, stress reduction, etc.) _____

What do you hope to accomplish with this healing session?

relaxation stress reduction pain reduction other – please explain:

Where do you commonly have pain or tension? _____

List any areas you would like the practitioner to concentrate on during the session:

Would you prefer the session be: hands-on or hands off?

Do you have any concerns related to your session or is there anything else we should know? No Yes, please explain: _____

Treatments or medications client is currently receiving:

Energy Therapy Initial Session Notes

- Reviewed difference between healing and curing
- Reviewed consent form
- Reviewed elements of session and healing technique

Clients reason for seeking energy therapy: _____

Pain Site(s): _____ Pain Rating: _____

Clients Energy Therapy Goal(s)

- 1)
- 2)
- 3)

Nursing Diagnosis: 1.8 - Energy Field Disturbance

Intention/focus for initial session: _____

Session Type: Hands On Hands Off Sitting Laying

Session Notes:

Balanced Chakras Complete Circuit Healing Shoulders Only (eg: like healing circle)

Specific Focus During Session (Specify) _____

Encouraged increased water intake x 24 hours.

Handouts given – Type: _____

Additional Teaching Done: _____

Post Session Notes: _____

Follow Up Plan:

Discussed using positive affirmations Discussed visualization of seeing self healed and whole

Other Comments/Notes:

Next Appointment Date: _____

Healing Practitioner Signature: _____