



**Grand Rapids Natural Health,
LLC**

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Client Intake Form – Spiritual Energy Session

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 is your intention for this healing session?

Do you have any chronic or acute pain or disharmony in the body?

List any concerns or issues you would like the practitioner to concentrate on during the session:

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: _____