Creative Wellness
211 Route 9 South #201
Cape May Court House, NJ 08210
Phone: 609-463-0999

Internal Use Only: ☐Ref T.Y.
☐ M.S.
☐Eso. ☐F ☐Pat.
☐E/W ☐F ☐Xmas

How you heard of us: _____

HEALING TOUCH - Client Information

Email: _____

Name: _____ Telephone: _____ Cell Phone: (___) _____

Address: _____ Date of Birth:_____

_____ Age: _____

In Case of Emergency: _____ Telephone: _____

General& Medical Information

Occupation: _____ ☐ Male ☐ Female Physician: _____

Living Situation (marital status, pets, alone; home as respite or stressful):

Military Branch and years:

What do you hope to experience from this session?

Prior Energy Therapy / HT experienced?

Current overall health condition: _Excellent _Very Good _Good _Fair _Poor

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

Your primary reasons for seeking Healing Touch are:

__ Increase relaxation	__ Chronic Illness / Disease	__ Emotional Support
__ Stress Management	__ Surgery Support	__ Spiritual Support
__ Anxiety / Depression	__ Cancer Treatment Support	__ Major Life Change / Loss
__ Pain Management	__ Back Pain	__ Trauma
__ Headaches	__ Rehabilitation	__ Other _____

With the following scale, rate the areas of concern at this time:

Blank = None 1 = Minimal 5 = Moderate 10 = Extreme

_ Personal Relationships	_ Depression	_ Headaches
_ Physical Health	_ Mood swings	_ Pain
_ Mental/Emotional Health	_ Anger issues	_ Fatigue / lethargy
_ Work	_ Anxiety	_ Hormonal issues
_ Finances	_ Panic or anxiety attacks	_ Allergies
_ Eating issues	_ Emotional trauma / PTSD	_ Sleeping issues
_ Addiction	_ Memory problems	_ Other (list)

Creative Wellness
211 Route 9 South #201
Cape May Court House, NJ 08210
Phone: 609-463-0999

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

Hobbies & interests:

Spiritual beliefs / practices / affiliations:

Is your belief a source of support to you? Word(s) you use for Higher Power?

Relevant Health History

Primary physician or health care professional:

Last physical exam:

Other types of health care professionals you see:

Current or chronic medical conditions, diagnosis, or treatments with dates:

Mental health issues or diagnoses:

Hospitalizations / surgeries (condition/date/year):

Significant physical or emotional traumas (condition/date/year):

Current prescription or over-the-counter medications:

Supplements Used:

_Vitamins _Minerals _Herbs _Homeopathics _Flower Essences _Other

Sleep quality & sleep aid usage:

Nutrition

Daily water amount:

Caffeine / Alcohol / Tobacco / Drug Usage / amount:

Creative Wellness
211 Route 9 South #201
Cape May Court House, NJ 08210
Phone: 609-463-0999

Is there anything else you want me to know?

Any questions about me or HT?

I understand that the massage/bodywork and energy healing I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes or techniques may be adjusted to my level of comfort. I further understand that massage, bodywork and energy healing should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/bodywork and energy practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork and energy therapies should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

A cancellation after 3PM the day prior to your appointment time or not showing up for your appointment will result in you being charged the full appointment fee.

Client Signature _____ Date _____

Practitioner Signature _____ Date _____

Consent to Treatment of Minor: **By my signature below, I hereby authorize _____ to administer massage, bodywork, or energy therapy techniques to my child or dependent as they deem necessary.**

Signature of Parent or Guardian _____ **Date** _____