Heart Guided Healing Health History

Date:				

Name:	Mobile Phone	text? Y/N	Home phone:
E-mail:	Address:		
How did you hear about Heart G	uided Healing?		
Emergency contact name:			Phone:
Previous experience with energy	work or therapy:		
What is the major complaint or c	ondition you are seeking	help for?	
When did this begin?			
What treatment have you had fo	r this condition?		
What does this condition preven	t you from doing?		
-		-	rcle) God/Source/universal energy/none
Are you pregnant? Yes No	Due date:	Do you have a histor	y of Cancer? Yes / no
Have you ever had the following?: CROWN [] Migraine [] Head Injury [] Seizures [] Stroke/CVA [] Eye Disorder [] Addictions/ lack of will power AJNA [] Chronic Sinus Problems [] Head Injury — forehead ALTA MAJOR [] Jaw problems [] Neuropathy/Numbness	Liver, gallbare particles and the content of the co	ease ed urine leakage bblems – Bladder, ethra of Fear	[] Hip/ Knee/Ankle problems [] I don't feel grounded HEART CENTER [] Heart Attack/MI [] Blood Clot/DVT [] Heart Disease [] Lung Disease [] High Blood Pressure [] Pacemaker [] Low Immune System [] Allergies THROAT CENTER [] Arthritis [] Thyroid Problem
Nerve problems SOLAR PLEXIS [] Liver Disease [] Stomach Disorders [] Significant trauma — Emotional/physical/shock	•	vith Uterus/ ve/prostate on or vasectomy	 [] Shoulder/Elbow/Hand problem [] Lymphedema/swelling [] Other Lymphatic Disorders [] I feel like I can't speak up [] I don't listen very well [] Hearing Problems

Heart Guided Healing Health History – Page 2

OTHER [] Diabetes [] Lupus [] Fibromyalgia Syndrome [] Vision Problems	[] Gland Proble [] Anxiety [] Depression [] Panic Attack	[] Chemo/Radiation therapy [] Cancer/Tumor
Other conditions:		
Please list all medications and	nutritional supplements	you are taking:
Please list all surgeries:	Туре	Date
PAIN: Please color in your cor		
What is your pain level on ave	rage?	
	3 <u>10</u> Worst possible	
recommendation I receive in this clinary changes to my health status, me result of Esoteric Healing balancing a my health problems. However, Esot of Esoteric Healing and any cautions services at their discretion based up or prior notice, and I agree to this polying to mean to Heart Guided Heali of providing energy balancing to me	nic is not a substitute for a phyedications, and therapies before as soon as I become aware of the eric Healing has shown to be a or contraindications have been on the client's conditions, the olicy. In a for the use and disclosure of the receiving payment for services.	pest of my knowledge. I understand that any care or sysician's care. I take responsibility for alerting my practitioner of the session, as well as any and all responses perceived to be a them. I accept that Esoteric Healing may not cure me or eliminate a valuable method of balancing the energy. The general benefits are explained to me. This facility reserves the right to refuse rapist's skill set, client attitude or action, etc, without explanation of my Protected Health Information (PHI) for the specific purposes es rendered to me, and for general administrative operations. You reother needs and you may add me to your e-mail newsletter
Signature:		Date: