



15522 Madison Ave. • Lakewood OH 44107 • 216.671.7755

DATE OF FIRST VISIT:

Client Intake Form

INSTRUCTIONS: To fill this form out on your computer, click the tab key to move between fields and click directly on the squares. You can either print it out and bring it with you or email it at least 24 hours before your appointment.

NAME		STREET ADDRESS		CITY		STATE	ZIP
DATE OF BIRTH	PHONE	EMAIL ADDRESS			PROFESSION(S)		
# WORK HOURS/WEEK		#OF KIDS	#KIDS AT HOME	RELATIONSHIP STATUS S M D W COHABITATING			
EMERGENCY CONTACT NAME		CONTACT PHONE		PRIMARY PHYSICIAN NAME		HOLISTIC PHYSICIAN? YES NO	
Would you like to receive educational newsletters via email approximately every other month?							YES NO
Is this your first energetic bodywork session? YES NO If no, check all modalities you have experienced: CranioSacral Therapy Reiki Acupuncture Accupressure Polarity Therapy Reflexology Spiritual Healing Other:							
How did you hear about the Healing Room? Advertisement Website Referred by: Other:							
Any surgeries this past year? NO YES If yes, type of surgery:							
Have you had an accident in the past year? NO YES If yes, describe:							
Any additional surgeries or accidents? NO YES If yes, please describe:							
Are you sensitive to any scents, sounds, textures or light? NO YES If yes, describe:							
What are your methods of relaxation?							
What are your hobbies?							
Are you, or could you currently be pregnant? NO YES If yes, due date if known:							
List supplements you are currently using:							

Check any that you are using currently				
	Alcohol (social)	Anti-Depressant	Cortisone	Pain Medication
	Alcohol (heavy)	Birth Control Pills	Cholesterol Medication	Refined Sugar
	Antacid	Blood Thinner	Hormones	Sleeping Pills
	Allergy Medicine	Coffee	Laxatives or Stool Softener	Thyroid Medication
	Antibiotic	Cola, Soda, Pop	Marijuana	Tobacco
Check any that cause you concern (some items appear in more than one section):				
ROOT	Money Issues	Feet	Blood	Safety
	Family Support Issues	Bones	Fear	Self-Confidence
	Low Back, Tailbone Pain	Teeth (not gums)	Anxiety	Calcium deficiency
	Legs or Ankles	Colon	Frustration	Anemia
	Knees	Prostrate	Insecurity	Fatigue
	Bladder	Hemorrhoids	Clumsiness	Obesity
SACRAL	Reproductive Organs	Spleen	Obesity	STD's
	Impotence	Kidneys	Eating Disorders	Constipation/Diarrhea
	Kidneys	Stiff Low Back	Depression	Addictions
	Urinary Problems	Skin	Sciatica	
SOLAR PLEXUS	Digestion	Metabolism	Procrastination	Addictions
	Liver or Gallbladder	Small Intestines	Reaching Goals	Parasites
	Skin Conditions	Confidence	What Others Think	Jaundice
	Self Esteem	Self-Worth	Diabetes/Blood Sugar	Infections
	Anger	Confusion	Hepatitis	Nervousness
HEART	Lungs	Muscles	Indecisiveness	Blood Pressure
	Heart	Sorry For Oneself	Fear Of Letting Go	Passiveness
	Arms/Hands	Paranoia	Fear Of Getting Hurt	Muscle Tension
	Hypertension	Overly Empathic	Feeling Ignored	Breathing
THROAT	Throat	Shoulders	Toothaches	Hormonal Problems
	Mouth Or Jaw	Lymph	OCD	Hiccups
	Thyroid	Suppressed Feelings	Speech Disorders	PMS
	Tongue	Frequent Colds Or Flu	TMJ	Mood Swings
	Gums	Cough	Hyperactivity	
	Neck	Cold Sores	Melancholy	
THIRD EYE	Eyes/Eyestrain/Blindness	Forebrain	Headaches	Nightmares
	Nose	Selfishness	Eyestrain	Sleep Disorders
	Ears	Assertiveness	Memory	Manic Depression
	Sinuses	Fear Of Success/Failure	Anger	Schizophrenia
	Cerebellum	Ego	Migraines	Paranoia
	Pineal	Equilibrium	Nightmares	
CROWN	Brain	Depression	Neuralgia	Connection to the Divine
	Pituitary	Alienation	Confusion	
	Hair	Mental Illness	Senility	
Reason(s) for this visit :				
Anything else you would like me to know :				



Fran Kerg, Energy Medicine Practitioner
Reiki Master Teacher, Registered Board Certified Polarity Practitioner
Member of the American Polarity Therapy Association and
The American Holistic Medical Association

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Disclaimer and Client's Statement of Understanding

Disclaimer: The practices which Fran Kerg has trained in have not yet been made the subject of extensive US scientific or medical study, and the results attributed to them are therefore considered anecdotal and subjective in the United States. These practices are as follows:

- Usui Reiki
- CranioSacral Therapy
- Polarity Therapy
- Lightarian Reiki
- Reconnective Healing
- Matrix Energetics
- Whole Life Healing
- Emotional Freedom Technique
- Energy Interference Patterning of DNA
- Shamballah Multidimensional Healing
- The Emotion Code
- The Art of Neutrality

Client's Statement of Understanding: I, the undersigned, do hereby fully and clearly understand that Energy Medicine modalities are complementary healing, and may be an enhancement to, not a substitute for, conventional medical or psychological diagnosis and treatment.

I understand that energy medicine practitioners do not diagnose physical or mental conditions, prescribe or perform medical treatment, or prescribe substances.

I understand and agree that, as my energy medicine practitioner does not interfere with my treatment by any licensed medical professional, a decision to forego use of or change the dosage of any prescribed medication is mine alone and not done at the suggestion or inference of the practitioner.

I agree that no claims of miracles and cures have been made, expressed or implied, and it has been recommended that I see a licensed healthcare professional for any physical or psychological ailments.

I understand that personal information regarding my energetic bodywork sessions will not be shared by my energy medicine practitioner with any third party (including any of my other healthcare providers) without my express permission.

PRINT NAME	SIGNATURE	DATE SIGNED
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