

CLIENT INFORMATION

Full Name: _____ Tele # _____ (cell/home/office)

Mailing Address: _____

E-mail Address: _____ Sign up for email list/blogs? YES(Y) NO(N)

Male ___ Female ___ Date of Birth ___ / ___ / ___ Age ___ Have you sought traditional medical care? Y N

Name of parent of minor patient (if patient is under 18 years of age) _____

How did you hear about Healing Resonance (note search phrase)? _____

CLIENT CARE

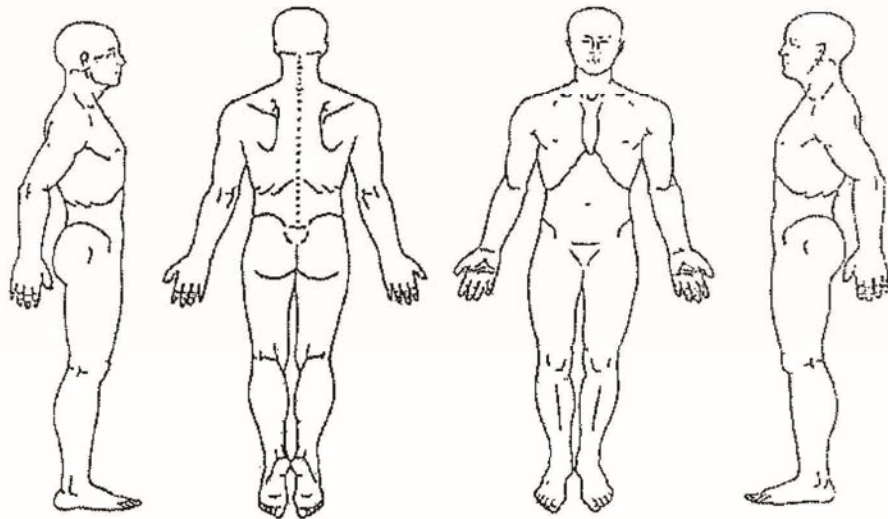
Reason for today's visit: _____

When did you first notice the symptoms? _____

Concerns about? Alcohol Y N ; Drugs Y N; Tobacco Y N; Food Y N; Sleep Y N; Other ? _____

CIRCLE and LABEL
AREAS OF:

- P = Pain/Sensitivity
- N = Numbness
- S = Stress/Tension
- C = Constriction
- L = Lack of mobility
- O = Other



DISCLAIMER: Healing Resonance llc with Kristi Borst should not be solely used to diagnose, treat, cure or prevent any disease or psychological disorder, and is not a substitute for licensed medical or psychological treatment. Kristi is an ordained minister, registered behavioral therapist & Reiki Master, certified in physio/spiritual massage. Her healing resonance (intuitive abilities & Source/Creator connection) and natural energy modalities balance mind/body/spirit/emotions to help reset the body's natural healing intelligence. Client testimonials conveyed verbally or online do not constitute a warranty, guarantee or prediction of the outcome "It is likely that in your session(s), things blocking natural healing and/or wellbeing will rise to the surface for us to address together. I will teach you to work with your body and overcome the mind, yet YOU are a key player in your healing process!" *Kristi Borst, PhD*

I AGREE (initial) _____ Date: _____

PLEASE NOTE: While spontaneous healings do occur, long-term traumas/dis-ease may require multiple sessions to hold long-term balance. "I recommend, but allow you to decide how many sessions you'll have with me." *Kristi Borst, PhD*

I AGREE (initial) _____ Date: _____

FINANCIAL POLICY: Your appointment time has been removed from open booking and healing energy may begin coming to you in advance of your session. Please acknowledge that you understand (1) you are financially responsible for any session fees if not rescheduled or cancelled at least 24 hours' in advance; (2) bank fees associated with returned checks will be your responsibility.

I AGREE (initial) _____ Date: _____

YOUR PRIVACY is My Priority: Healing Resonance llc holds all your information in complete confidentiality. Kristi will not disclose any of your personal information without your written permission, unless required by law.

If you're using online gmail, yahoo, hotmail, etc., save your PDF then attach to an email. Outlook, LiveMail should open with button →