

Client Health History

Rebecca May, L.M.T., C.A., Practitioner of
Usui Reiki and Pranic Energy Medicine
Sound Therapy Practitioner

Client _____
Referred by _____

895 St. Francois room 2, Florissant, MO 63031
(314) 368-5743

Name:	Text ok? Y / N	Cell Phone: ()
Address:		Alt Phone: ()
Zip:		Occupation:
Email:		Date of Birth: / /

What Is your main source/s of stress? Rate your stress level (5=highest) 5 4 3 2 1

Do you have metal implants, pins, pacemaker, or body piercings? If so, describe what and where.

Any previous surgeries, accidents, or other health diagnosis?

Are you sensitive to sounds or vibration, or essential oils? YES NO

Have you ever had Energy work or a singing bowl-Sound Therapy-bodywork treatment? YES NO

If yes when? What did you like or dislike about it?

Are you, or could you be pregnant? YES NO

If yes which trimester are you in? any complications?

If you are on medications, what are you taking them for?

Circle any that cause you concern:

Root Chakra: (C) Money Issues, Family Support Issues, Spine, Legs, Knees. Ankles, Feet, Bones, Teeth (not gums), Colon, Prostate, Bladder, Blood, Circulation, Fear, Fear of Letting go, Anxiety, Frustration, Insecurity, Loss of Self Confidence, Calcium Deficiencies, Anemia, Fatigue, Obesity, Blatter Infections, Hemorrhoids, Skin Rashes, Eczema.

Sacral Chakra: (D) Ovaries, Testes, Womb, Kidneys, Urinary Tract, Skin, Spleen, Gallbladder, Stiff Low Back Constipation/Diarrhea, Fever, Cold, Urinary Problems, Obesity, Eating, Disorders, Depression, Importance, Uterine Problems, Yeast Infections, Sexually Transmitted Diseases Addictions.

Solar Plexus Chakra: (E) Digestion, Liver, Anger, Diaphragm, Nervous System, Pancreas, Metabolism, Small Intestines, Lack of Confidence, Confusion, Worry About What Others Think, Gas and Acid Indigestion, Diabetes, and Blood Sugar, Hepatitis, Nervousness, Addiction to stimulants, Jaundice, Poor Memory.

Heart Chakra: (F) Lungs, Heart, Bronchia, Thymus Gland, Arms, Hands, Respiratory, Hypertension, Muscles, Feeling Sorry for Oneself, paranoia, Indecisiveness, Fear of Getting Hurt or Ignored, Passiveness, Asthma, Pneumonia, Emphysema, Muscle Tension, Heart Problems, Breathing Problems.

Throat Chakra: (G) Throat, Vocal System, Mouth, Jaw, Thyroid, Parathyroid, Tongue, Gums, Neck, Ears, Shoulders, Lymph, Atlas, Menstrual Cycle, Suppression of Feelings-not being vocal about them, Fold Cough, Flu, Fever, Blisters, Infections, Herpes, Itching, Sores, Tonsillitis. Toothaches. OCD, Speech Disorders, TMJ Disorder, Hyperactivity, Melancholy, Hormonal Problems, Swelling, Hiccups, PMS, Mood Swings.

Third Eye Chakra: (A) Eyes, Nose, Sinuses, Cerebellum, Pineal, Forebrain, Autonomic Nervous System, Selfish Attitude, Non-assertiveness, Fear of Success, Egotistical Nature, Headaches, Eyestrain, Loss of Memory, Blindness, Migraines, Earaches, Nightmares, Sleep Disorders, Fear, Manic Depression, Schizophrenia, Paranoia, Equilibrium Imbalances.

Crown Chakra: (B) Upper Brain, Cerebral Cortex, Cerebrum, Pituitary, Central Nervous System, Hair Growth, Top of Head, Depression, Alienation, Mental Illness, Neuralgia, Confusion, Senility, Veins, Blood Vessels, Lymphatic System, Bacteria, Warts.

Reasons for this visit?

It is my choice to receive Energy Therapy, Sonic Massage, and/or Sound Therapy and I understand that the practitioner will be using gentle sound and vibration during the sessions on/ around me. I have stated all medical conditions and I will update my practitioner of any changes to my health status. I understand that that Sound Therapy Practitioners do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments or pharmaceuticals. I acknowledge that these sessions are not substitutes for medical examination or diagnosis, and that it is recommended I see a primary health care provider for those services. I understand that I alone am responsible for informing my primary health care provider I am receiving these sessions and inquiring as to whether or not they may adversely affect any current health conditions. With this in mind I agree to have Sound Therapy, massage therapy, aromatherapy, or energy therapy and hold the therapist harmless for any problem that might arise as a result of the session.

Signature _____ Date ____/____/____