Zen Life Healing Arts, LLC Dannee Damerell 881 Lockwood Rd., Roseburg, OR 97471 (541) 654-7266

CLIENT INTAKE FORM

Please update me on any cha	nges in your contact information! DATE:
NAME	EMAIL
	CITY/STATE/ZIP
BIRTH DATE	SOCIAL SECURITY #
OCCUPATION	REFERRED BY:
CONTACT INFORMATION	N: Are confidential messages OK? Yes No
HOME PHONE	WORK PHONE
CELL PHONE	EMAIL ADDRESS
EMERGENCY CONTACT: NA	ME
PHONE(S)	RELATIONSHIP
PLEASE READ CAREFULL	Y:
	s I receive are provided for the basic purpose of harmonizing my body's energies. scomfort during a session, I will immediately inform my practitioner.
MEDICINE practitioners do n physical improvements by impac	medicine should not be construed as a substitute for needed medical attention. ENERGY of diagnose, treat, or prescribe for medical conditions. Energy Medicine brings about the electromagnetic fields that regulate the body as well as by shifting the more subtle tres with terms such as chakras, meridians, and etheric fields.
SIGNATURE	DATE
Do you have a Pacemaker?	Do you have Metal Plates or Screws in your body?
Do you have Diabetes?	Are you pregnant?
All answers on this form are con	ifidential. However; if substance-use appears to be life threatening, I am required by

law to report it.

WHAT ARE YOUR GOALS FOR OUR ENERGY SESSION?
ARE THERE ANY OTHER CONCERNS YOU WOULD LIKE TO ADDRESS?
TELL ME MORE ABOUT ANY ADDITIONAL CONCERNS:
What do you know about it? Have you seen a doctor? Chiropractor? Physical Therapist? Counselor? Other?
When did it begin? New? Has this been an issue in your past? Does it come and go?
What have you done that has helped?
What have you done that has not helped?
How would your life be different if you did not have this problem?
Are you willing to do homework, specific movements to reinforce the work we do?
Anything you would like me to know: