



**the guild**  
of Holistic Therapists

# SILVER SPIRAL - HOLISTIC THERAPY CLIENT TREATMENT FORM



EFT     INDIAN HEAD MASSAGE     REFLEXOLOGY     REIKI

<b>Name</b> _____
<b>Address</b> _____
<b>Telephone number</b> Home _____ Mobile _____
<b>e-mail</b> _____ <input type="checkbox"/> Tick to 'opt in' email updates
<b>Emergency contact name</b> _____ <b>Relationship</b> _____
<b>Emergency contact phone/email</b> _____

1. Have you ever had Holistic therapy before? YES/NO

EFT / REIKI / REFLEXOLOGY / INDIAN HEAD MASSAGE / OTHER \_\_\_\_\_

2. How would you rate the current state of your health: EXCELLENT / GOOD / FAIR / POOR

3. Are you currently under the care of a physician? YES/NO If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

4. For women, are you pregnant? YES/NO If yes, how far along? \_\_\_\_\_

5. Are you taking any medication? YES/NO If so, for what conditions?

\_\_\_\_\_

\_\_\_\_\_

6. List previous major illnesses, accidents, surgeries or broken bones:

\_\_\_\_\_

\_\_\_\_\_

7. Please tick the boxes below if you currently have any of the following medical conditions.

Cancer <input type="checkbox"/>	HIV, AIDS <input type="checkbox"/>	Diabetes <input type="checkbox"/>
High blood pressure <input type="checkbox"/>	Low blood pressure <input type="checkbox"/>	Anxiety/Stress <input type="checkbox"/>
Depression <input type="checkbox"/>	Eczema <input type="checkbox"/>	Asthma <input type="checkbox"/>
Scalp infections <input type="checkbox"/>	Broken bones/Injury <input type="checkbox"/>	Allergies <input type="checkbox"/>
Anerosa <input type="checkbox"/> (localised dilation of the blood vessels)	Arthritis <input type="checkbox"/>	Epilepsy <input type="checkbox"/>

Osteoporosis, fragility, spondylitis, spondylosis  Any problems with your feet (reflexology)



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If any ticked, please give details:

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8. What are your expectations from this session? \_\_\_\_\_

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9. Do you have a particular area of concern? \_\_\_\_\_

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10. How did you hear about me? Internet/Recommendation/Friend \_\_\_\_\_

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### **ANSWER Question 11. if you are having a REIKI TREATMENT**

11. REIKI treatments can be carried out with 'hands on' or 'hands off', are you OK with hands on?

YES/NO If yes, are there any areas other than the obvious 'inappropriate areas' that you would not like to be touched? i.e Feet/Throat/Face

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I understand that Holistic practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Holistic therapy does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Holistic therapy can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Name (please print) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Office use only: MINDBODY  MAILCHIMP  SCAN