

# Balanced Healing

Tom Lewan  
 Certified Spiritual Healer,  
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## Client Follow-up

Name: \_\_\_\_\_ Date: \_\_\_\_\_

This follow-up form will help you and Tom Lewan assess your progress with Energy Healing sessions by comparing it with the answers you provided on your Intake Form for your first Energy Healing session.

**Presenting Issues or Concerns:** on a scale from **0** to **10**, **0** being **none** and **10** being **severe**, please rate the following conditions based on the **last 3 months** and give the frequency of when you experience this and the

Condition	Score	Frequency	Location	Condition	Score	Frequency	Location
Acne				Infection			
Allergies, Enviromental				Insomnia			
Allergies, Food				Itchy/Watery Eyes			
Angry Outbursts				Joint Pain			
Anxiety				Low Libido			
Arthritis				Learning Difficulties			
Asthma				Muscle Pain			
Bed Wetting				Nasal Symptoms			
Cancer				Nausea			
Constipation				Nervousness			
Depression				Pain			
Diabetes				Panic			
Diarrhea				Rashes			
Digestive Problems				Rheumatoid Probs			
Dizziness/Vertigo				Shortness of Breath			
Dryness				Sneezing			
Fatigue				Stomach Upset			
Headache				Stress			
Hearing Problems				Stroke			
Heart Arrhythmia's				Swelling			
Heart Condition				Thyroid Problems			
Heartburn				Vision Problems			
High Blood Pressure				Vomiting			
				Other			

Current Medications :

Current Supplements:

Amount of Alcohol you consume in a week:

Number of cigarettes you smoke in a week:

Amount of coffee, tea, or caffeine drinks you drink in a day:

Have you had any fractures since your first Energy Healing session? If so, what and when?

Have you had any surgeries since your first Energy Healing session? If so, what and when?

Please write anything else about how you feel your Energy Healing sessions are helping or not helping?