

# Balanced Healing

Certified Spiritual Healer,  
Certified Reiki Master,  
Certified Elemental Space Clearer

# Client Intake Form

**Tom Lewan**  
Tom@BalancedHealingND.com  
Dickinson ND, 58601

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

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Type of Work: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Reasons for Seeking Energy Healing: \_\_\_\_\_

Hobbies: \_\_\_\_\_

**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			

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Current Medications and the reasons for taking them:

Current Supplements:

Amount of Alcohol you consume in a week:

Number of cigarettes you smoke in a week:

Amount of water you drink each day (how many 8 oz. glasses or how many quarts)?:

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

Have you had any fractures? What/When?

Have you had any surgeries? What/When?

How much time are you in front of a screen each day? This includes TVs, computer monitors, tablets, smart phones, book readers, etc.

Please write whatever else you would like me to know:

Emergency Contact Information (Names & Phone Numbers)