

Medical diagnosis _____

Date of diagnosis _____

Medical treatment/surgeries _____

Medications/herbs/supplements _____

Occupation _____

Current employment _____

Living situation _____

Support System _____

Relaxation/self care _____

Physical activity _____

Food/nutrition _____

Meditation/prayer/spiritual experience _____

Do you have issues around being touched? _____

What do you hope to gain from Energy Partners _____

Other Information _____

Mutual Goals _____

On a scale of 1-10 (1=lowest, 10= highest) please rate:

Pain level _____ Comfort level _____

Energy level _____ Stress level _____

Mental clarity _____ Quality of Sleep _____

Optimism _____ Spiritual connection _____

Overall how would you rate your health?

____ Excellent ____ Good ____ Fair ____ Poor