



Intake Form

Date: _____

Client Name: _____ DOB: _____ Age: _____

Address: _____

Phone(s): _____ Email: _____

Emergency contact: _____ Legal guardian if under 18: _____

How did you hear about me? (so I can thank them!): _____

Education / Occupation: _____

Living Situation (marital status, pets, alone; home as respite or stressful):

What do you hope to experience from this session? _____

Prior Energy Healing / Aromatherapy experienced? ___ Yes ___ No

Current overall health condition: ___ Excellent ___ Very Good ___ Good ___ Fair ___ Poor

Your primary reasons for seeking Krystal Lotus are:

- ___ Increase Relaxation ___ Chronic Illness/Disease ___ Emotional Support ___ Stress Management ___ Surgery Support
- ___ Spiritual Support ___ Anxiety/Depression ___ Cancer Treatment Support ___ Major Life Change/Loss
- ___ Pain Management ___ Back Pain ___ Trauma ___ Headaches ___ Rehabilitation ___ Other _____

With the following scale, rate the areas of concern at this time:

Blank = None 1 = Minimal 5 = Moderate 10 = Extreme (Use any number between 0 -10)

- ___ Personal Relationships ___ Depression ___ Headaches ___ Physical Health ___ Mood Swings ___ Pain
- ___ Mental/Emotional Health ___ Anger Issues ___ Fatigue/lethargy ___ Work ___ Anxiety ___ Hormonal Issues
- ___ Finances ___ Panic/Anxiety Attacks ___ Allergies ___ Eating issues ___ Emotional Trauma/PTSD
- ___ Sleeping Issues ___ Addiction ___ Memory Problems ___ Other _____

Current self-care practices (exercise, meditation, relaxation, body care, journaling, etc):

Hobbies & Interests:

Spiritual beliefs / practices / affiliations:

Is your belief a source of support to you? _____ Word(s) you use for Higher Power? _____

Relevant Health History, Any Allergies, Allergies to Oils or Scents, Sensitive Skin:

Current or chronic medical conditions, diagnosis, or treatments:

Current prescription or over-the-counter medications:

Supplements Used: ___ Vitamins ___ Minerals ___ Herbs ___ Homeopathic ___ Flower Essences

___ Other

Sleep quality & sleep aid usage:

Nutrition:

Daily water amount:

Caffeine / Alcohol / Nicotine / Drug Usage / amount:

Is there anything else you want me to know or any questions you have about my training or the Krystal Lotus?

Welcome – Let's begin the journey to healing!

