

Serenity Lodge Healing

Fifi Munro

Energetic Frequency Healer

Client Intake Form

Date _____ **DOB:** _____

Name _____

Address _____

Phone: _____ **Mobile** _____

Email _____

Occupation _____

Height: _____ **Weight:** _____

Relationship status: _____

Children: _____

Referred by: _____

Physician; name _____

address: _____ **Phone:** _____

Therapist: name: _____

address: _____ **Phone:** _____

Medications/Antibiotics currently Taken _____

Non Medical Drugs Currently taken: _____

Alcohol Intake: _____

Tobacco/cigarettes: _____

Exercise: _____

General Diet preference: _____

Vision : _____ **glasses** _____ **contacts** _____

Hearing: _____

Accidents Injuries/Physical issues: _____

Surgeries: _____

Spiritual Beliefs/Experiences: _____

