



Client Intake Form

Annette Roiko
Certified Holistic Energy Practitioner

Name: _____ Date: _____

Address: _____

Phone number: _____

Email: _____ Date of Birth: _____

Age: _____

Name of parent/pet owner if client is a child or pet:

List 3-5 areas of concern/symptoms, rate each concern on a scale of 1(minor concern)-10 (major concern)

1. _____ Rate _____

2. _____ Rate _____

3. _____ Rate _____

4. _____ Rate _____

5. _____ Rate _____

Brief description of health history or traumas (i.e. surgeries, accidents, emotional)

Have you had any previous experience with energetic balancing therapy/treatment? If so what?

Signature: _____ Date: _____

Client/Parent of Client/Pet Owner

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