ENERGY PASSAGE
www.energypassage.com

**Tara Beck, EEM-CP**
tara@energypassage.com
(972) 767-9642

**CLIENT INFORMATION**

**NAME** _____

**ADDRESS** _____

**CITY** _____ **STATE** _____ **ZIP** _____

**PHONE (HOME)** _____ **(WORK)** _____ **(CELL)** _____

**EMAIL ADDRESS** _____ **BIRTH DATE** _____

**OCCUPATION** _____ **REFERRED BY** _____

**EMERGENCY CONTACT NAME** _____

**EMERGENCY CONTACT PHONE** _____

**PHYSICIAN'S NAME** _____

**PHYSICAL CONDITIONS** _____ **WHEN DIAGNOSED?** _____
_____ _____
_____ _____

**PAST SURGERIES?** _____

**DO YOU HAVE A PACEMAKER?** _____

**DO YOU HAVE METAL PLATES OR SCREWS IN THE BODY?** _____

**DO YOU HAVE DIABETES?** _____

**ARE YOU PREGNANT?** _____

**MEDICATIONS** _____ **CONDITION** _____
_____ _____
_____ _____

**REASON FOR COMING?** _____

**HOW LONG HAS THIS BEEN A PROBLEM?** _____

**WHAT OTHER TREATMENTS HAVE YOU TRIED?** _____

**HOW COMMITTED ARE YOU TO RESOLVING THE PROBLEM? (RATE FROM 1-10)** _____

**HOBBIES, INTERESTS?** _____

**SOURCES OF RELAXATION? (IF DIFFERENT FROM HOBBIES)** _____