



REIKI, B.E.S.T., & ENERGY HEALING INTAKE FORM

Date: _____

Name: _____ Date of Birth: _____ Age _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ (Consent to email communication: Y N)

Phone: _____ (Consent to text communication: Y N)

Referred By: _____

Emergency contact & phone#: _____

Are you currently (or within the last year) been under the care of your Primary Care Doctor? ___

Reason(s): _____

Have you ever received Reiki, BEST, or Energy Healing? Yes _____ No _____

If YES, What Type?: _____

Are you sensitive to fragrances or touch? Yes _____ No _____

Please list any allergies:

Personal History: Please check any conditions you have now or have had in the past.

Heart Conditions/Pacemaker _____ Concussion/Head Injury _____

Pregnant _____ Cancer _____ Epilepsy _____ Lyme Disease _____

Broken Bones _____ Currently taking Medication _____ Other _____

Office Use Only

TREATMENT CONSENT FORM

I understand that Christy J. Conaway is a Board Certified Holistic Health Practitioner (certified through the American Association of Drugless Practitioners - AADP) and Energy Healer, not a licensed physician. Christy does not diagnose illness, disease, or mental disorders; nor does she prescribe medical treatment or pharmaceuticals. It has been made clear that energy healing is not a substitute for medical examination or diagnosis. I have stated all of my known medical conditions to my practitioner, and if necessary, I will keep her updated on my physical, mental, and, emotional health. I acknowledge that Energy Healers at Just Breathe...a path for wellness! are for the purposes of providing mental/emotional/physical/spiritual support using Intuitive Healing Techniques. I attest that I understand the nature of the treatment and freely elect to receive treatments.

Printed Name: _____

Signature: _____ Date: _____

Children under the age of 18:

I am the parent or lawful guardian of the child/children named below and I agree and give consent for Energy Healing Treatments by Christy J. Conaway with the same terms and conditions as stated above.

Child's Name: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____

Please list your goals for your sessions: (there will be time to discuss before treatment:

1. _____
2. _____
3. _____

Questions or concerns: _____

Please Rate 0-10 (0 low/bad/none – 10 high/good/many)

Overall Health		Exercise Habits		Mood - Today	
Mental Health		Healthy Eating		Daily Gratitude	
Physical Health		Daily Happiness		Physical Ailments	

Location(s) of pain: _____

WHAT TO EXPECT

A typical session lasts for 45-60 minutes and begins with the client lying down on the therapy table fully clothed - minus shoes, glasses, and watch. We make every effort to be sure each client feels safe and comfortable. Before your session begins, please discuss any of your thoughts or concerns with your practitioner. You can also choose to talk or ask questions during your session or relax and remain silent, meditate, or nap. The practitioner will work above your body and/or lightly place their hands, crystals, and tuning forks on various parts of your body. If you do not wish to be touched, please let your practitioner know before and/or during the session. Your practitioner will feel for places where the energy is stagnant or deficient. They may work with your chakras, acupuncture meridian lines, nadis, or areas that they are drawn to work. You may let your provider know if there is a specific area that you would like addressed. If you feel a specific sensation, it is always good to let your practitioner know as that area might need more work. The practitioner may also receive impressions about an area or areas of a person's life that may be in need of attention. They will usually relay the impressions and the feelings that arise during the session. This may be done during the particular impression or not until the end of the session.

During a B.E.S.T. (Bio Energetic Synchronization Technique) or Spiritual B.E.S.T. treatment, the practitioner will muscle test your arms and feet while asking your body a series of questions. B.E.S.T. is a gentle healing system used to address stress. B.E.S.T. also promotes balance in the body including the nervous, muscular, circulatory, digestive, and hormonal systems. When a system moves out of balance, it creates a pattern of physical/emotional/chemical symptoms including illness and disease. B.E.S.T. works to maximize the healing potential of your body's natural systemic intelligence. When your systems are in balance, vibrant energy returns and your body can begin the process of healing itself and return to ideal, natural health. B.E.S.T. is designed to be a gentle rebalancing of the body's natural electromagnetic energy field. The services being offered are non-forced, hands-on, energy movement, as well as releasing of interferences at the subconscious level that may be affecting your overall health.

Most people feel very relaxed as the energy session allows for the release of physical, emotional and spiritual pain or blockages. This allows the individual to begin making the necessary changes and shifts in awareness towards amore positive life experience. We find that energy medicine has a cumulative effect. When you treat yourself to regular sessions, better health and well-being are natural outcomes. At the end, you and your practitioner can check in about anything that came up for you during the session.

LATE CANCELLATION/MISSED APPOINTMENT AGREEMENT

Please provide a minimum of 24 hours advance notice of any changes or cancellations.

Payments of Cash, Check, Venmo, & PayPal are accepted at this time.

Appointments that are missed/rescheduled/cancelled with less than 24 hours notice will be billed \$50.

Services offered:

B.E.S.T.	Spiritual B.E.S.T.
Reiki	Auricular Therapy (Ear Acupressure)
Crystal Therapy	Vibrational Therapy
Bio-Well Scans	Nutritional Supplementation
Aromatherapy	Health Coaching
HeartMath and/or BrainTap Meditations	Yoga and BodyAwake Yoga
InfraRed Sauna Sessions	BioMat Relaxation/Rejuvenation

Please complete the list below with the first thoughts that come to mind – everything is acceptable...celebrations and losses, the good and the bad, positives and negatives. These are for your reference only. If you do not feel comfortable listing things out; you can list one word or initials. Your practitioner does not need to know these. If they come up in a session, your practitioner will reference the number only. If you feel like you want to write more, number each response on the back of the paper. (Life experience example: new relationship, fired from job, graduation from school, etc. People interaction – the first person that comes to mind.)

*The people and experiences are not related on this list. You can bring this list with you to your appointment for reference or leave it at home.

People Interaction List	Life Experiences List
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.
10.	10.
11.	11.
12.	12.
13.	13.
14.	14.
15.	15.
16.	16.
17.	17.
18.	18.
19.	19.
20.	20.