GENERAL INFORMATION

First Name | Last Name | Date

Home Address

Home Phone | Cell Phone | Email Address

Date of Birth (DD/MM/YY) | Relationship Status | Number of Children | Ages

How Did You Hear About My Practice?

GOALS / EXPECTATIONS

What are your *goals and expectations* for our sessions

What are your *hopes, desires and passions* in life

HISTORY OF WELL BEING

Current Medications/Supplements

Current Treatments / Psychotherapy & Healings

Dietary Habits

Physical Exercise

DAILY INTAKE OF THE FOLLOWING:

Water | Caffeine | Alcohol | Cigarettes/Tobacco | Sugar

Please Check the Following Areas of Dis-ease or Symptoms as C (current), P (past), OC (occasional) and CH (chronic)

EMOTIONAL/PSYCH.	C	P	OC	CH
Depression	☐	☐	☐	☐
Eating disorder	☐	☐	☐	☐
Mood swings	☐	☐	☐	☐
Substance Abuse	☐	☐	☐	☐
Other				

NEUROLOGICAL	C	P	OC	CH
Epilepsy	☐	☐	☐	☐
Dizziness	☐	☐	☐	☐
Insomnia	☐	☐	☐	☐
Migraines	☐	☐	☐	☐
Other				

RESPIRATORY	C	P	OC	CH
Bronchitis	☐	☐	☐	☐
Pneumonia/Pleurisy	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Other				

AUTO IMMUNE	C	P	OC	CH
AIDS/HIV	☐	☐	☐	☐
Allergies	☐	☐	☐	☐
Cancer (type)	☐	☐	☐	☐
Fatigue	☐	☐	☐	☐
Fever (chronic)	☐	☐	☐	☐
Fibromyalgia	☐	☐	☐	☐
Fungal Infct-s (type)	☐	☐	☐	☐
Herpes (type)	☐	☐	☐	☐
Lyme's Disease	☐	☐	☐	☐
Mononucleosis	☐	☐	☐	☐
Other				

DIGESTIVE	C	P	OC	CH
Constipation (ch)	☐	☐	☐	☐
Diabetes	☐	☐	☐	☐
Diarrhoea (ch)	☐	☐	☐	☐
Gastritis	☐	☐	☐	☐
Hepatitis (type)	☐	☐	☐	☐
Hypoglycaemia	☐	☐	☐	☐
Jaundice	☐	☐	☐	☐
Liver Disorder	☐	☐	☐	☐
Ulcer(s)	☐	☐	☐	☐
Flatulence	☐	☐	☐	☐
Pancreas	☐	☐	☐	☐

REPRODUCTIVE	C	P	OC	CH
STIs	☐	☐	☐	☐
Endometriosis	☐	☐	☐	☐
Pregnancies (#)	☐	☐	☐	☐
Miscarriages (#)	☐	☐	☐	☐
Abortion (#)	☐	☐	☐	☐
Prolapse	☐	☐	☐	☐
Sterilisation	☐	☐	☐	☐
Prostrate	☐	☐	☐	☐
Cancer	☐	☐	☐	☐
Other				

ENDROCRINE	C	P	OC	CH
Adrenal Insufficiency	☐	☐	☐	☐
Pituitary Disfunction	☐	☐	☐	☐
Hyperthyroid	☐	☐	☐	☐
Hypothyroid	☐	☐	☐	☐
Other				

CARDIO-VASCULAR	C	P	OC	CH
Angina	☐	☐	☐	☐
Heart Attack	☐	☐	☐	☐
Heart Disrdr (type)	☐	☐	☐	☐
High/low BP	☐	☐	☐	☐
Stroke	☐	☐	☐	☐

URINARY	C	P	OC	CH
Bladder infection	☐	☐	☐	☐
Kidney stones	☐	☐	☐	☐
Cystitis	☐	☐	☐	☐
Prostrate	☐	☐	☐	☐
Other				

MUSCULO-SKELETAL	C	P	OC	CH
Arthritis	☐	☐	☐	☐
Rheumatism	☐	☐	☐	☐
Back Pain	☐	☐	☐	☐
Carpal Tunnel	☐	☐	☐	☐
Gout	☐	☐	☐	☐
Skin Disordr (type)	☐	☐	☐	☐
Other				

EAR/NOSE/THROAT	C	P	OC	CH
Earaches	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
Jaw Pain	☐	☐	☐	☐
Other				

CHILDHOOD ILLNESSES	C	P	OC	CH
Chicken pox	☐	☐	☐	☐
(German) Measles	☐	☐	☐	☐
Mumps	☐	☐	☐	☐
Whooping Cough	☐	☐	☐	☐
Rheumatic Fever	☐	☐	☐	☐
Scarlet Fever	☐	☐	☐	☐
Tuberculosis	☐	☐	☐	☐
Malaria	☐	☐	☐	☐

Please list any surgeries/injuries/accidents you have had, and may have presently

Please list any traumatic, or life threatening events (e.g. divorce, deaths, depressions, abuse etc.)

SEXUALITY/SENSUALITY AND RELATIONSHIPS

Please list any *amazing* sensual/sexual experiences that you'd like to share with me

Please list any *challenging* sensual/sexual experiences that you'd like to share with me

What would you like to share about your *sexual history* or current desire patterns (gender identity, fantasies or any other information that you feel is relevant)

AREAS OS INTEREST

- ☐ Sexual Charisma and Self Confidence
- ☐ Sexual and Emotional Blocks Removal and Deepening into Oneself
- ☐ Hands on individual or couple's Energy Healing sessions focused on deepening Sensuality / Sexuality
- ☐ Spiritual Connection / Energetic orgasms information / Guidance (Couple's Energetic Alignment)
- ☐ Information / guidance on sensual hands-on techniques (Yoni massage, Lingam/Prostate Massage etc.)
- ☐ Fantasy explorations / suggestions
- ☐ Squirting and G Spot Orgasms
- ☐ Prostate Play and Strap on Basics
- ☐ Relationship Types opportunities, resources (Monogamous, Open, Polyamorous, Swingers etc.)
- ☐ BDSM Fantasy Play Information / guidance (Sensation play, Power Exchange, Bondage etc.)
- ☐ Adult Playground (Sex Club) Private Tour