

# KIRSTEN SORENSEN ENERGY HEALING

## EQUILIBRIUM CLIENT INTAKE FORM

FULL NAME

ADDRESS

MOBILE

EMAIL

DATE OF BIRTH & AGE

EMERGENCY CONTACT NAME & MOBILE

HOW DID YOU HEAR ABOUT US?

IF REFERRED, PLEASE SHARE PERSON'S NAME

### LIFESTYLE DETAILS

RATE ON A SCALE OF 1-10 & PROVIDE DETAILS

CURRENT STRESS LEVEL

CURRENT ENERGY LEVEL

CURRENT STATE OF MENTAL HEALTH

CURRENT STATE OF PHYSICAL HEALTH

CURRENT LIVING SITUATION

### EMOTIONAL & PHYSICAL STRESS HISTORY

PLEASE CIRCLE ANY OF THE FOLLOWING THAT YOU MAY EXPERIENCE, FEEL STRESS AROUND AT PRESENT OR HAVE DEALT WITH IN THE PAST

<input type="checkbox"/> ADDICTIONS/COMPULSIONS	<input type="checkbox"/> ANGER ISSUES	<input type="checkbox"/> ANXIETY	<input type="checkbox"/> BACK PAIN
<input type="checkbox"/> CHILD/PARENTING ISSUES	<input type="checkbox"/> COMMUNICATION ISSUES	<input type="checkbox"/> CONCENTRATION ISSUES	<input type="checkbox"/> FOCUS ISSUES
<input type="checkbox"/> DECISION MAKING ISSUES	<input type="checkbox"/> DEPRESSION	<input type="checkbox"/> DIVORCE/SEPARATION STRESS	<input type="checkbox"/> EATING DISORDERS
<input type="checkbox"/> EDUCATION/STUDY STRESS	<input type="checkbox"/> FAMILY STRESS	<input type="checkbox"/> FATIGUE/EXHAUSTION	<input type="checkbox"/> FEAR
<input type="checkbox"/> FINANCIAL STRESS	<input type="checkbox"/> FRIENDSHIP STRESS	<input type="checkbox"/> GRIEF/LOSS	<input type="checkbox"/> GUILT
<input type="checkbox"/> GUT HEALTH ISSUES	<input type="checkbox"/> HEADACHES/MIGRAINES	<input type="checkbox"/> DIZZINESS	<input type="checkbox"/> JAW PAIN/TMJ
<input type="checkbox"/> LEGAL MATTERS STRESS	<input type="checkbox"/> LONELINESS	<input type="checkbox"/> MOTIVATION ISSUES	<input type="checkbox"/> MOVING STRESS
<input type="checkbox"/> NECK PAIN/TENSION	<input type="checkbox"/> PHYSICAL PAIN	<input type="checkbox"/> PTSD	<input type="checkbox"/> REACTIVITY ISSUES
<input type="checkbox"/> RELATIONSHIP STRESS	<input type="checkbox"/> REGRET	<input type="checkbox"/> REPETITIVE THOUGHTS	<input type="checkbox"/> SELF-ESTEEM ISSUES
<input type="checkbox"/> SELF-SABOTAGE	<input type="checkbox"/> SLEEP ISSUES	<input type="checkbox"/> TRAUMA	<input type="checkbox"/> TRUST ISSUES
<input type="checkbox"/> UNHAPPINESS	<input type="checkbox"/> WEIGHT ISSUES	<input type="checkbox"/> WITHDRAWING	<input type="checkbox"/> WORK RELATED STRESS

### LIFESTYLE DETAILS

ARE YOU CURRENTLY PREGNANT OR TRYING TO CONCEIVE?

ARE YOU ALLERGIC OR SENSITIVE TO ESSENTIAL OILS, JOJOBA OIL OR INCENSE? (PLEASE PROVIDE FURTHER DETAILS IF YES)

ARE YOU ALLERGIC TO ANY FOODS? (PLEASE PROVIDE FURTHER DETAILS IF YES)



CURRENT MENTAL/EMOTION/PHYSICAL HEALTH CONCERNS

WHAT DO YOU HOPE TO ACHIEVE OUT OF YOUR BALANCE/SERIES OF BALANCES?

WHAT IS YOUR PRIORITY TO WORK ON DURING YOUR BALANCE/SERIES OF BALANCES?

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**CLIENT DECLARATION & CANCELLATION POLICY**

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND INDEMNIFY KIRSTEN SORENSEN FROM KIRSTEN SORENSEN ENERGY HEALING OF ANY LIABILITY FOR ANY FALSE OR MISLEADING STATEMENTS GIVEN. IT IS UNDERSTOOD AND ACCEPTED THAT THE SESSIONS PROVIDED BY KIRSTEN SORENSEN ENERGY HEALING ARE OF A REMEDIAL THERAPEUTIC ENERGETIC NATURE AND NOT OF A DIAGNOSTIC/CURATIVE APPROACH. IT IS UNDERSTOOD THAT KINESIOLOGISTS AND REIKI PRACITIONERS DO NOT DIAGNOSE CONDITIONS, NOR DO THEY PRESCRIBE OR PERFORM MEDICAL TREATMENT, NOR INTERFERE WITH THE TREATMENT OF A LICENSED MEDICAL PROFESSIONAL. IT IS UNDERSTOOD THAT KINESIOLOGY AND REIKI DO NOT TAKE PLACE OF MEDICAL CARE. IT IS ALSO UNDERSTOOD AND ACCEPTED THAT THE RESULTS OF KINESIOLOGY SESSIONS (INCLUDING EQUILIBRIUM BALANCES) ARE NOT GUARANTEED IN ANY WAY. THE INFORMATION GATHERED HERE, AS WE ALL ALL NOTES AND INFORMATION TAKEN IN EVERY SESSION, IS KEPT CONFIDENTIAL, SAFE AND SECURE, AND WILL REMAIN THE PROPERTY OF KIRSTEN SORENSEN ENERGY HEALING AS PART OF CLIENT HISTORY RECORD MAINTENANCE. I UNDERSTAND THAT FULL PAYMENT IS TO BE MADE AT THE TIME OF BOOKING VIA THE BOOKING PLATFORM. I AGREE TO GIVE 24 HOURS NOTICE FOR THE CANCELLATION OF ANY APPOINTMENT AND AGREE THAT ANY LATE NOTICES WILL INCUR A FEE OF 100% OF THE APPOINTMENT COST. I UNDERSTAND THAT IF I AM LATE FOR MY APPOINTMENT, THE TREATMENT TIME RESERVED FOR ME WILL BE REDUCED AND THE FULL TREATMENT AMOUNT WILL STILL APPLY. I HEREBY GIVE KIRSTEN SORENSEN FROM KIRSTEN SORENSEN ENERGY HEALING EXPLICIT PERMISSION TO CONDUCT AN EQUILIBRIUM AND/OR KINESIOLOGY BALANCE/SERIES OF BALANCES ON ME.

BY SIGNING THIS FORM. I HEREBY AGREE TO KIRSTEN SORENSEN ENERGY HEALING'S TERMS AND CONDITIONS. SIGNED AND AGREED BY:

FULL NAME

SIGNATURE

DATE