**Client History:** Please save to your computer, complete, and email to rleah@rleahmoon.com. The form will open as you type for additional space. This information provides a strong foundation for our sessions and saves you valuable session time.

**Your Full Name:**

**How or where did you find out about R Leah Moon: Energy Medicine**?

**Today’s Date**:

**List 3 reasons why you are here. Rate each one on a 0-10 scale. (1 = mild . . . . 10 = severe)**

**First Reason**:

**Second Reason**:

**Third Reason**:

**Briefly Respond to and any pertinent dates of**:

**Significant life stresses**:

**Lifestyle changes**:

**Traumatic events in your life**:

**Indicate those that you feel had a negative impact on your life**:

**List those you can link or identify as having contributed to your issues**:

**If you could delete one thing in your life what would it be**?

**If you could add one thing in your life what would it be**?

**The 3 happiest events in your life**?

**The 3 most traumatic events in your life**?

**What makes you happy**?

**What makes you sad or unhappy**?

**Mark the statement(s) below that feel relevant to you**.

I believe in God, a Higher Force or Vibrational Energy?

I feel that God, a Higher Force or Vibrational Energy guides me daily?

I see religion different from spirituality?

I do not believe in God a Higher Force or Energy?

Is there anything else about your belief system you like to say?

**Contact Information:**

**Name (Last)**:

**Name (First)**:

**Name (Middle)**:

**Street Address**:

**City**:

**State/Reg/Prov**:

**Country:**

**Zip**:

**Cell Phone**:

**Text on your cell phone**?

**Home Phone**:

**Work Phone**:

**Can be contacted at work**?

**E-mail #**1

**E-Mail #**2

**Name of Parent/Guardian if appropriate**:

**Street**:

**City**:

**State**:

**Country:**

**Contact Info**:

**Phone**:

**E-mail**:

**Next of kin or emergency contact**:

**Name**:

**Relationship**:

**Street Address**:

**City**:

**State/Reg/Prov**:

**Country**:

**Current Age**:

**Date of Birth**:

**Education**:

**Profession**:

**Current Employment**:

**List your birth family**: Please fill this out carefully, as we will use the extended family information below.

**Mother**:

**Father**:

**Stepmother**:

**Stepfather**:

**Guardians who helped raise you**:

R**elatives who helped raised you**:

**Adopting parents**:

**List your brothers, sisters, and their ages including yourself: Add more numbers if needed**.

**1st born –** oldest:

**2nd born**.

**3rd born**.

**4th born**.

**Half Siblings if appropriate**: **Add more numbers if needed**.

**First Half Sibling**:

**Second Half Sibling**:

**Your children and their birth order**: **Add more numbers if needed**.

**Your 1st born child**:

**Your 2nd born child**:

**Your 3rd born child**:

**Your 4th born child**:

**Your grandchildren**: **Add more numbers if needed**.

**1st born grandchild**:

**2nd born grandchild**:

**3rd born grandchild**:

 **4th born grandchild**:

**Current family or living situation**:

Married / Separated / Divorced / Single / Cohabitating / Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Who are you currently living with**?

**If Divorced, When**:

**If Separated, When**:

**Anything else about your living situation**?

**Have you been under psychiatric care or therapy**?

**Are you currently under psychiatric care or in psychotherapy**?

**If yes, please give brief explanation and name of health care practitioner**.

**What medications, supplements, herbs, health & alternative practices, etc.… are you taking or doing**?

**Anything else you would like me to know**? **A brief summary of a few lines is just fine as you can add more once we get started**.

Some session may use magnets. We use an equally effective “magnet-free” method when magnets are medically contraindicated.

**Are you**?

**Pregnant**:

**Implanted devices, have tumors or cancer**:

**Please indicate your acceptance and agreement by signing in the space provided below: \*If you are submitting this electronically, typing your name in the space provided will be considered your signature and constitute your acceptance and agreement to this form. All information is confidential.**

 **Signed**:

 **Date**:

 **Print/Type Name**:

**Guardians**:

**Print/type minor name here**:

**I** **am the parent or legal guardian of the above named minor**.

**I consent to and join in the foregoing agreement on behalf of said minor**.

 **Signed**:

 **Date**:

 **Print/Type Name**:

**Optional: Insert or attach picture of yourself here.** Only if it is easy and you know how. Does not have to be great, just so it resembles you. You can also attach one to an email.