

***Blissful Earth Healing/Traveling Buddha***  
**Confidential Client Case History and Intake Form**

|  |              |
|--|--------------|
| Name:  | Date:        |
| Address:                                     | Phone:       |
| Postal Code:                                 | Email:       |
| Date of Birth:                               | Referred by: |
| Would you like to receive updates via email? |              |

|                          |   |
|--------------------------|---|
| <b>Primary Concerns:</b> | Level: <b>1</b> (hardly notice symptoms) to <b>10</b> (symptoms are unbearable) |
|                          |   |
|                          |   |
|                          |   |

|  |
|--|
| <b>Medications/Remedies/Supplements &amp; Reason for taking:</b> |
|  |

|  |
|--|
| <b>Significant Accidents/Injuries:</b> |
|  |

|  |                    |                    |
|--|--------------------|--------------------|
| <b>Please place an X beside any conditions that apply (past or present):</b> |                    |                    |
| Cancer   | Varicose Veins     | Allergies:         |
| Heart Disease  | H/L Blood Pressure | Surgery:           |
| Diabetes   | Paralysis          | Genetic Disorders: |
| Stroke   | TMJ Dysfunction    | Phobias:           |
| Epilepsy   | Arthritis          |                    |

**Place an X beside any symptoms that you experience:**

- |                     |                        |                          |
|---------------------|------------------------|--------------------------|
| Headache            | Heavy feeling in limbs | Cold in hands and feet   |
| Faintness/Dizziness | Blurriness of vision   | Lower Back pain          |
| Tightness in Jaw    | Constipation           | Shoulder/neck pain       |
| Weak body parts     | Loose Bowel Movements  | Carpel tunnel syndrome   |
| Smoking (#/day__)   | Irritated Bowel        | Menstrual Irregularities |
| Nervousness         | Pains in heart/chest   | Other:                   |
| Poor Appetite       | Indigestion            |                          |
| Excessive Urination | Insomnia               | Are you pregnant?        |
| Grinding of Teeth   | Fatigue                |                          |

**Place an X beside any areas below that you would like improvement in:**

- |  |   |                                      |
|--|---|--------------------------------------|
| Negative self-talk,                                      | Ability to reach ideal weight               | Increase learning ability            |
| self-sabotage  | Personal magnetism                          | Beneficial, relationships            |
| Belief in ability to achieve goals                       | Strengthen                                  | Prosperity (attract what you choose) |
| Ability to relax   | memory/concentration                        | Attitude and skills at work          |
| Ability to use dreams as mental tool for problem solving | Breaking old habits                         | Self-Esteem                          |
| Eliminate procrastination                                | Release negative events                     | Youthful Vitality                    |
|  | Ability to align body/mind for self-healing |                                      |
|  | Ability to take action                      |                                      |

**Below, please describe what you would like to accomplish with these treatments**

*Blissful Earth Healing/Traveling Buddha*

[www.blissfulearthhealing.com](http://www.blissfulearthhealing.com)

[blissfulearth1031@gmail.com](mailto:blissfulearth1031@gmail.com)

(845) 238-7465