

Somatic Healing New Client Form

Welcome to the Exceptional Wellness Center! We're so excited to get to know you and support you on your journey to balance, so you can thrive in exceptional wellness.

Below are a few questions to help us get started.

Chief Complaints/Reason for coming in:

Are you currently in any pain? Please describe the location, quality (sharp, shooting, burning, dull, aching), and intensity (1-10) of the pain:

Any recent or significant injuries? Surgeries? Metal plates? Pacemakers?

Healing modalities of interest:

- | | |
|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Reiki | <input type="checkbox"/> Crystal healing |
| <input type="checkbox"/> Sound healing | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Allergy Elimination | <input type="checkbox"/> Nutritional consulting |