

Dr. Heather M. Rugg, PhD

“Intuitive With Impact”

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: ____ ZIP: _____

Phone Number (Home): _____ (Cell): _____ (Work): _____

Email Address: _____ Would you like occasional email updates? Yes No

How would you like to receive appointment reminders? Phone Call Text Email None

Current Occupation: _____

How did you hear about these services? Google Ads Facebook Instagram WellBEing Resource

Craigslist Nextdoor.com Referral (if so, whom): _____

Have you ever received an animal communication/energy healing therapy session? Yes No

How recently? _____

What type of session did you receive? Reiki Sound Vibrational Healing Crystal Therapy

Animal Communication Other, please explain: _____

Please briefly describe your experience with any previous energy healing sessions:

What is your reasoning for seeking energy healing therapy?

THE FOLLOWING REQUIRED INFORMATION MUST BE COMPLETED IN ITS ENTIRETY, HONESTLY AND TO THE BEST OF YOUR KNOWLEDGE:

What, if any, medical conditions are you currently receiving treatment for? :

Please list all medications (over-the-counter and prescribed) and supplements you are currently taking:

Please list all allergies or sensitivities, including smells: _____

Is it okay to use aromatherapy today? Yes No

Do you have or have you recently been in contact with any contagious illnesses or infections, including skin conditions? Yes No, please explain: _____

Have you ingested any alcohol or illegal substances in the last 24 hrs? Yes No

Can you comfortably lie on your back for an extended period of time? Yes No Chair preferred? Yes

Are you currently pregnant?: Yes No Do you have a pacemaker? Yes No