

**CLIENT INFORMATION**

Full Name: \_\_\_\_\_ Tele # \_\_\_\_\_ (cell/home/office)  
Mailing Address: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Sign up for email list/blogs? YES(Y) NO(N)  
Male \_\_\_ Female \_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Physician: \_\_\_\_\_  
Contact in case of Emergency, Name: \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of parent of minor patient (if patient is under 18 years of age) \_\_\_\_\_  
Who may Kristi thank, or how did you hear about Healing Resonance? \_\_\_\_\_

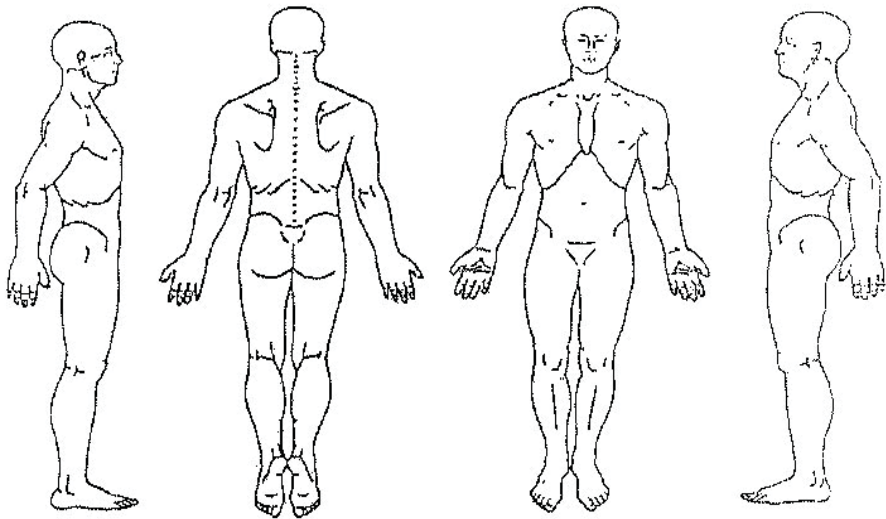
**CLIENT CARE**

Reason for today's visit: \_\_\_\_\_

When did you first notice the symptoms? \_\_\_\_\_ Have you sought traditional medical care? Y N  
Concerns about? Alcohol Y N ; Drugs Y N; Tobacco Y N; Food Y N; Sleep Y N; Other ? \_\_\_\_\_

CIRCLE and LABEL  
AREAS OF:

- P = Pain/Sensitivity
- N = Numbness
- S = Stress/Tension
- C = Constriction
- L = Lack of mobility
- O = Other



**DISCLAIMER:** Healing Resonance llc with Kristi Borst should never be used to solely diagnose, treat, cure or prevent any disease or psychological disorder and is not a substitute for licensed medical or psychological treatment. Kristi is not a doctor, therapist, or chiropractor. Kristi is a legally ordained minister, is certified in physio/spiritual massage, and has the ability to communicate with mind/body/spirit. The "healing resonance" and "energy work" she offers assists your body's Divine Healing Intelligence. Client testimonials conveyed verbally or on the web site do not constitute a warranty, guarantee or prediction of the outcome of an individual using Healing Resonance llc with Kristi Borst. "It is likely that in your session, things blocking natural healing and/or well being will rise to the surface for us to address together. This is a team effort and YOU are a key player!" *Kristi Borst*

I AGREE (initial) \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** While spontaneous healings do occur, long-term imbalances may require multiple sessions to bring you back to long-term balance. You decide how many sessions you'll have with Kristi.

I AGREE (initial) \_\_\_\_\_ Date: \_\_\_\_\_

**FINANCIAL POLICY:** Your appointment time is reserved for you, and Kristi's healing energy begins coming to you in advance of your appointment. Therefore, you will be financially responsible for your appointment if you cancel with less than 24-hours' notice. Any bank fees associated with returned checks will be your responsibility. "I understand and agree to the Healing Resonance llc Financial Policies set forth on this form."

I AGREE (initial) \_\_\_\_\_ Date: \_\_\_\_\_

**YOUR PRIVACY:** Healing Resonance llc holds all your information in complete confidentiality. Kristi will not disclose any of your personal information without your written permission, unless required by law. *Kristi Borst*