



**For The Love Of Healing**  
Integrative Energy Healing Center

## NEW CLIENT INFORMATION SHEET

Today's Date \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Referred by \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: Cell: \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Marital Status:  S M W D  Ages of Children: \_\_\_\_\_ 0 \_\_\_\_\_  
*Please circle: Single, Married, Widowed or Divorced*

Treatment  
Healing Goal: \_\_\_\_\_  
*What do you hope to gain from your experience at For The Love Of Healing?*

*In Case of Emergency - Name:* \_\_\_\_\_ *Phone:* \_\_\_\_\_  
*Contact Person:*

Symptom(A): \_\_\_\_\_ How Long?(A): \_\_\_\_\_

Symptom(B): \_\_\_\_\_ How Long?(B): \_\_\_\_\_

Symptom(C): \_\_\_\_\_ How Long?(C): \_\_\_\_\_

Surgeries?

Current Wellness  
Plan?

Current  
Medications?

### Fees and Scheduling

\$130. 00 per one-hour session for Integrative Energy Healing in the office or remotely via phone or web.  
Please call or email to schedule an appointment Ph: (972) 400 0807

*Payment is due at the time service is rendered. Sessions may be cancelled 24 hours ahead of time or the full fee is due.*

For The Love Of Healing, LLC.  
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