



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

\$135. 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 canceled 24 hours ahead of time
or the full fee is due.*

For The Love Of Healing, LLC.

Preston Keller Center - 16135 Preston Rd. #118 - Dallas, TX 75248
contact@fortheLoveofhealing.com www.ForTheLoveOfHealing.com