



Master Your Mood Intake and Survey

Name: _____ Date of Birth: _____

Cell phone: _____ Email: _____

Please indicate if you would like to receive timely information about health, well-being, and healing arts offerings by joining our mailing list (we will not share your contact information with any third party) **Please**

circle one: Yes / No

Emergency Contact Name and Phone: _____

How did you hear about us? _____

Do you have any movement restrictions? If yes, please describe:

Do you have anything else your practitioner should be aware of?

On a scale from 1-10, what is your current stress level? Do you experience any symptoms of anxiety or depression? _____

What is your intention in taking this class? What are your health goals and aspirations?

Is there anything mentally or emotionally that you would like to let go of? What is your spirit wishing for or desiring?

Though it may seem odd, consider *why* you might want to achieve the above.

Which of these modalities/practices are you interested in learning more about? Circle as many as apply.

Breathwork

Meditation

Sensual Movement to regulate the nervous system

Vision boarding

Brain retraining/reprogramming

Book study: You are a Bad Ass, by Jen Sincero

Take this brief survey below. Circle Y for yes and N for no.

1. Would you like to have more energy? Y/N
2. Would you like to lose weight? Y/N
3. Would you like to get more/better quality sleep? Y/N
4. Would you like sharper mental focus and clarity? Y/N
5. Would you like to change any dietary or lifestyle habits? Y/N
6. Would you like to have more balance in your life? Y/N
7. Do you have chronic pain? Y/N

Agreement of Release and Waiver of Liability

I understand that movement, breathwork and Reiki are techniques used for stress reduction and relaxation, and are not meant to diagnose or treat any physical or mental disorder, illness, injury or condition. It is recommended that I see a licensed physician or health care professional for any physical or psychological ailment I may have. Laura Lin Healing Arts will not be held liable for any injury or similar condition that arises from the application of Reiki and the above techniques. I also understand Reiki can complement any medical or psychological care I may be receiving and in most cases is not contraindicated. I understand that the body has the ability to heal itself, and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body often require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Release of liability—Signature: _____ Date: _____



