Jacob's Ladder Psychological Services, PLLC
11201 Richmond Avenue, Suite A-111A
Houston, TX 77082-6653

CRYSTAL THERAPY CLIENT INFORMATION FORM

Name: (Please Print) _____

Phone (home): _____ Cell phone or evening: _____

Address: _____
City, State, Zip: _____

Email (optional): _____

Emergency Contact: _____

Current Medications and dosage: _____
_____
_____

Are you currently under the care of a physician? __Yes __No
If yes, physician's name: _____

Have you ever had a crystal therapy session before? __Yes __No
If yes, when was your last session? _____ Number of previous sessions _____

Do you have a particular area of concern? _____
_____
_____

Are you sensitive to perfumes or fragrances? __Yes __No Are you sensitive to touch? Y N

I understand that crystal therapy is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that crystal therapy can complement any medical or psychological care I may be receiving. I also 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 sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signed: _____ Date: _____

Privacy Notice:
No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

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