

Health History

NRG Healing Specialists, LLC

Date: _____

Name _____ Phone # _____
Last First M. I.

Address: _____ Email: _____

Date of Birth: _____ Age: _____ Marital Status: Single / Married / Separated / Divorced / Committed Relationship

Emergency Contact: _____ Phone: _____ Referred by: _____

Current Medications: _____

Children: Yes/No Ages of Children: _____ Pets: yes/no Type(s) _____

Are you currently employed: yes/no Line of work/job Title: _____

Physician's Name & Phone Number: _____

Therapist's Name & Phone Number: _____

Current/ previous treatments for above: _____

Current Complementary Therapies/Supplements: _____

Eating Habits/ Diet: _____

Amount daily intake of: Water _____ Caffeine _____ Alcohol _____ Cigarettes/Tobacco _____ Sugar _____

Describe your Exercise Routine: _____

Reason for visit or presenting complaint: Date of on set: _____

Additional Questions

1. Please list any injuries you had or have:

2. Please list any surgeries you had or know you will have:

3. Please list any traumatic or life threatening events that occurred in your life and when they happened:

4. What do you hope for and what are your expectations from this healing today and long term?

5. What alternative health therapies have you experienced (e.g., Reiki, Acupuncture, Healing Touch, massage, etc.)

6. Do you consider yourself a spiritual person Yes/No?

7. What spiritual practices do you engage in (e.g., meditation, prayer, church, yoga, Tai Chi, etc)

8. Is there anything else you want to share or want me to know?

HAVE YOU HAD?	Past	Current	HAVE YOU HAD?	Past	Current
Cardiovascular System			Musculo-Skeletal System		
Heart Murmur			Bone Injuries		
Heart Palpitations			Joint Injuries		
Angina			Muscle injury		
Heart Attack			Arthritis		
Heart Failure			Bursitis		
High Blood Pressure			Tendonitis		
Low Blood Pressure			Carpal Tunnel		
Stroke			Back Pain		
Aneurism			Joint Pain		
Anemia			Gout		
Bleeding Disorders: Hemophilia/Other			Fibromyalgia		
Other:			Muscle Cramps		
			Osteoporosis		
			Other:		
Respiratory System			Auto-Immune System		
Seasonal Allergies/Hay Fever			AIDS / HIV		
Asthma			Allergies		
COPD			Cancer (type)		
Pneumonia			Tumor		
Bronchitis			Chronic fever		
Tuberculosis			Fatigue		
Emphysema			Fungal Infections		
Smoker			Herpes (type)		
Other:			Lyme Disease		
			Mononucleosis		
			Skin Disorder (type)		
			Other:		
Gastrointestinal System			Endocrine System		
Stomach Aches			Thyroid Disorder		
Constipation (chronic)			Pituitary Disorder		
Diarrhea (chronic)			Thalamus Disorder		
Hepatitis			Hyper Thyroid		
Gastritis			Hypo Thyroid		
Jaundice			Adrenal Fatigue		
Hypoglycemia			Other:		
Ulcers					
Reflux Disease			Reproductive System		
IBS			Sexually Transmitted Disease		
Diabetes			Peri Menopausal		
Liver Disorder			Post menopausal		
Gall Bladder Problems			Endometriosis		
Other:			Fertility Issues		
			Pregnancies (number)		
Other			Miscarriage (number)		
Victim of Sexual Assault			Abortions (number)		
Victim of Violence			Other:		

HAVE YOU HAD?	Past	Current	HAVE YOU HAD?	Past	Current
Emotional/Psych			Neurological System		
Depression			Recurrent Headaches		
Anxiety			Migraines		
Phobias			Epilepsy		
Mood Swings			Seizures		
Panic Attacks			Parkinson's Disease		
Obsessive Compulsive Disorder			Shingles		
Bipolar			Dizziness		
Suicidal Thoughts			Concussion		
Insomnia			Multiple Sclerosis		
Eating Disorder			Bell's Palsy		
Substance Abuse (type)			Chronic Fatigue Syndrome		
Stress			Chronic Pain		
ADD			Dementia		
ADHD			Lupus		
Grief			Meningitis		
Personality Disorder (type)			Head/Neck Injury		
Other:			Other:		
ENT			Urinary System		
Sinus Problem			Bladder Infection		
Eye Problem			Kidney Infection		
Ear Problem			Kidney Stones		
Throat Problem			Blood in Urine		
Jaw Pain			Bladder Control		
Gum Disease			Other:		
Other:					

Statement of intent:

The Brennan Healing Science work that I am practicing helps to clear and charge the human energy field, to remove energetic blocks that may lead to dis-ease and to enhance the body's natural healing capability. I will be doing healing energy work both with my hands on the body and also through the Human Energy Field which surrounds the body. The work is done with you being fully clothed and lying on the healing table.

I do not and am not licensed to medically diagnose or prescribe treatment. If you have a physical injury or disease condition, I ask that you be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving.

Self-care is an extremely important part of this work and is your responsibility during our work together. If at any time during the session you are uncomfortable, please inform me immediately. I also recommend that you refrain from using alcoholic beverages for 24 hours following our practice session.

My hourly rate is \$90 per hour \$125 for an hour and half. If you need to cancel please do so prior to 24 hours before our session. If you do not, you will be charged for your scheduled time.

Any information you share with me during our session is always kept confidential. I may, however, discuss practice clients, without mentioning their names, with my professional supervisors, for the purpose of my continuing professional development and so that clients may receive the best assistance available.

Thank you for including me in your healing journey.

Randall V. Segal

NRG Healing Specialists, LLC

Brennan Energy Science Practitioner