



Donna Sweeney Energy Therapy

Client Information Form

Name _____

Home Phone _____ Cell Phone _____

Home Address _____

City, State & Zip _____

Email Address _____

Person to contact in an emergency _____

Phone _____ Relationship _____

Have you ever had a Reiki or IET® session before? Yes No

What would you like to accomplish with this Energy Therapy session?

Relaxation Stress Reduction Pain Reduction Other - please explain

Would you like to state an intention for yourself with this Energy Therapy session?

Client Signature _____ Date _____