

Lina Carrillo Tracey

Dear Client,

Thank you for contacting me. I'm pleased to have the opportunity to work with you. I am a certified Brennan Healing Science Practitioner. My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind and spirit. I offer to serve as a facilitator in your self-initiated process of healing and transformation. I am here as your committed listener, your mirror, your partner in the process. In the course of our work together, we will explore areas that influence your state of well-being. We may address your health history, life stressors, belief systems and attitudes, your family and childhood history, diet, exercise, dreams, longings and how you are in relationships. Your sharing is always kept confidential. 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 learning 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 after the session.

My fee is currently \$95 per a 1 hr session. If you cancel an appointment, please give me as much notice as possible. I ask for full payment for the session if you cancel within 24 from the scheduled time.

In signing the acknowledgment below, you agree that I may work with you in the above-described manner. I am most happy to answer any questions and I also encourage you to express any concerns you may have. You may also find out more about the Barbara Brennan School of Healing online at www.barbarabrennan.com

ACKNOWLEDGMENT AND CONSENT FOR PRACTICE SESSION(S)

I have read and understand the information provided by Lina and freely elect to have her work with me in the above described manner.

Signed _____

Date _____

With sincere respect for your healing journey,
Lina Carrillo Tracey

CLIENT INTAKE FORM

(Confidential – For Practitioner’s Use Only)

Name _____ Date of Birth _____
Phone _____ Email _____
Relationship Status _____ Children _____

Employment/Profession

Emergency Contact

Current Medications/Supplements

Current Complementary Therapies

Alcohol Intake (frequency) _____ Tobacco/Cigarettes _____
Caffeine _____ Water _____
Other (CBD, non-prescription drugs, etc.) _____

General Type of Diet/Eating Habits

Exercise

Religious/Spiritual Practice

Therapeutic/Spiritual Growth Experience _____

CLIENT INTAKE FORM

(Confidential – For Practitioner's Use Only)

Do you have or have you had any of the below? (Please mark "C" for current or "P" for past)

Autoimmune

- AIDS/HIV
- Allergies
- Cancer (type)
- Fatigue
- Fever (chronic)
- Fibromyalgia
- Fungal infections
- Herpes (type)
- Lyme Disease
- Mononucleosis

Emotional/Psych.

- Anxiety
- Depression
- Eating Disorder
- Mood Swings
- Substance Abuse (type)

Endocrine

- Adrenal Insuf.
- Diabetes
- Pituitary Dysf.
- Hyperthyroid
- Hypothyroid

Neurological

- Epilepsy
- Dizziness
- Insomnia
- Migraines

Trauma

- Accident (type)
- Injury (type)
- Surgery (type)

ENT

- Earaches (chronic)
- Headaches (chronic)
- Jaw Pain

Reproductive

- STD (type)
- Endometriosis
- Pregnancy (#)
- Miscarriage (#)
- Abortion (#)

Urinary

- Bladder Infection
- Kidney Stones

Digestion

- Constipation (chronic)
- Gastritis
- Hepatitis
- Hypoglycemia
- IBS
- Jaundice Urinary
- Liver Disorder
- Bladder Infection
- Ulcers

Musculo-Skeletal

- Arthritis
- Back Pain
- Carpal Tunnel
- Gout
- Skin Disorder (type)

Cardiovascular

- Angina
- Heart Attack
- Heart Failure
- Hypertension
- Stroke

Respiratory

- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis

Other: _____

CLIENT INTAKE FORM

(Confidential – For Practitioner's Use Only)

How are you physically?

How are you mentally?

How are you emotionally?

How are you in relation to spirituality/religion/deeper purpose in life?

What are your healing goals? What would you like to get out of our first and/or future healing sessions?

Is there anything else you'd like me to know?
