**Healing With Aurora Client Intake Form**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary reason for visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Physical Symptoms: (circle areas of concern)**

 **Front Back**

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**CHAK**RA HEALTH (**Circle all that apply)**

**CROWN 👑**

**Loneliness, lack of connection or guidance from a higher power, migraines, scared of change, lack of direction**

**THIRD EYE 👁️**

**Lack of focus, clouded judgement, headaches, overthinker, low intuition, vision problems**

**THROAT **

**Fear judgement, fear speaking out, frustration because you don’t feel like people hear what you say, speak fast, thyroid issues**

**HEART 💚**

**Fear of commitment, feeling you have to please others in order to be loved,**

**Guarded due to past hurts, trouble with giving/receiving, hold grudges, physical heart issues such as heart disease, heart attack**

**SOLAR PLEXUS ☀️**

**Low self-esteem, poor decision-making, feeling powerless/victim, feel as if people take advantage, seek approval from others, digestion issues, stomach pain**

**SACRAL CHAKRA **

**Low sex drive, lack of creativity, emotional confusion, reproductive disorders,**

**Repetitive dysfunctional relationships**

**ROOT CHAKRA **

**Depression, anxiety, persistent financial problems, feeling stuck, arthritis, lower back pain**

**(circle all that apply)**

**Are you comfortable with the use of**

**sage, palo santos, essential oils, crystals, reiki touch? Yes or no**

**Are you known to be sensitive to light or have seizures? Yes or no**

**Disclaimer: Crystal healing and other types of energy work are not to be considered as a substitute for conventional medicine. If you have a serious health issue, you should consult your doctor and make complementary healing part of a complete health care program.**

**I \_\_\_\_\_\_\_\_\_\_\_\_ take full responsibility for my health and do not hold Aurora accountable.**

**signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**