

# Restorative Touch & Energy Healing with Silke

Name:

Email:  Phone:

Address:

## Additional Information

Please check any conditions that apply to you:

Cancer       Heart condition       High blood pressure       Pregnancy

Are there specific areas you'd like to focus on?

Are you currently in pain?       No       Mild       Moderate

Preferred pressure level:       Light       Medium       Firm

What are your intentions or expectations for your session?

Preferred session length (e.g., 60 min / 90 min):

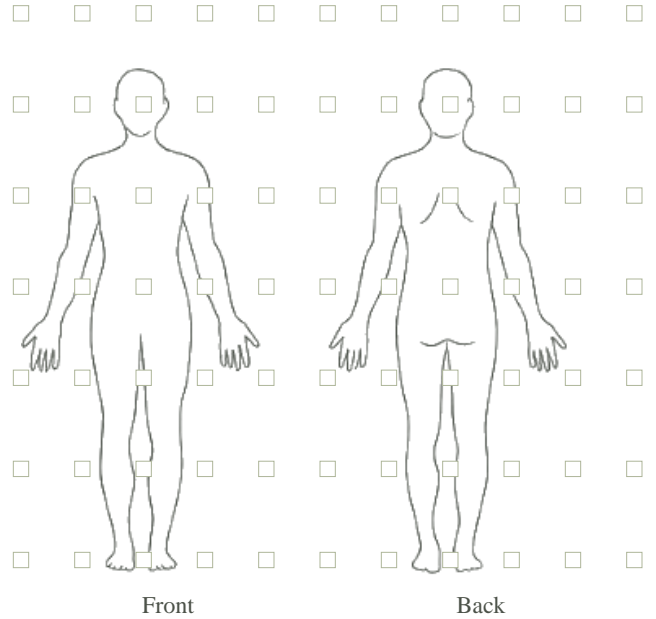
How did you hear about Silke or this service?

Is there anything else you'd like to share before we begin?

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Would you like BARS energy work in your session? (Yes/No):

Mark on the body where you would like focus or have pain/discomfort:



By signing below, I acknowledge that I understand this is not massage therapy and is not a substitute for medical care.

Signature:

Date: