MASTER CHOA KOK SUI
PRANIC HEALING
HEALTH THROUGH ENERGY

CONFIDENTIAL PRANIC HEALING INTAKE FORM

CLIENT INFORMATION

Today's Date:	
Client Name:	Age:
Phone Number:	City & State:
Email Address:	Occupation:

HISTORY OF PRESENT ILLNESS INFORMATION

Detail of Chief Complaint (Reason for Visit):

Date of Injury or Onset of Symptoms:
Pertinent Lab/X-rays/Other Findings:
Other Relevant Information:

Are You Currently Practicing or Receiving Any Complementary and Alternative Modalities? ☐ YES ☐ NO
If Yes, Please Explain:

Have You Recently Been Diagnosed with Any Infectious Illness? ☐ YES ☐ NO
If Yes, Please Explain:

MEDICATION AND SUPPLEMENTS

1	2
3	4
5	6

MEDICAL, SURGICAL AND SOCIAL HISTORY

Overall General Health: ☐ Poor ☐ Good ☐ Excellent
Diet: ☐ Regular ☐ Vegetarian ☐ Vegan ☐ Other:
Exercise: ☐ YES ☐ NO If Yes Type/Frequency:
Hypertension: ☐ YES ☐ NO
Gastrointestinal (Abdominal Pain, Vomiting, Diarrhea): ☐ YES ☐ NO
Stress/Anxiety/Depression or Psychiatric Conditions: ☐ YES ☐ NO
Are You Pregnant ☐ YES ☐ NO ☐ UNKNOWN
Cancer: ☐ YES ☐ NO
If Yes, Type/Location:

If Yes to Any Question Above, Please Explain:

Additional Notes (any relevant medical conditions):

Disclaimer: *I understand that Pranic Healing is not meant to replace conventional medicine but rather to compliment it. If symptoms persist, a medical professional is to be consulted immediately. I hereby release the person(s) providing Pranic Healing and the Pranic Healing organization from any liability as a result of the services I received. The protected health information provided will be dealt with sensitively, in strict confidence, and may be disclosed or used for therapy and quality improvement.*

Client Name (please print) **Client Signature** __