



**Heather M. Hofmann**  
Health and Wellness Consultant and Energy Work Practitioner  
702-575-8263

### New Client Information Form

Name (Please Print): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact (Name and Phone): \_\_\_\_\_

How did you hear about Heather? \_\_\_\_\_

Have you had energy healing before? \_\_\_\_\_

If yes, did you have any healing responses? Describe them below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Issues/Concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Health Goals: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

