



Energy Healing Assessment Form

For Chakra, Energy Body, and Aura Clearing

Client Information

Name: _____ Date: _____
Phone: _____ Email: _____

SECTION 1: Session Intention & Transformation Goals

1. What is the main reason you are seeking this energy clearing session?
2. What specific issues would you like to address?
3. What are your hopes, goals, or intentions for this session?
4. Have you had energy healing sessions before? If yes, what kind and how did they affect you?

SECTION 2: Physical Health Symptoms

Please check or describe any that apply:

☐ Fatigue ☐ Pain ☐ Headaches ☐ Sleep issues ☐ Hormonal imbalance
☐ Digestive issues ☐ Immune system concerns ☐ Skin issues ☐ Other: _____

Are you under medical care or taking medications? If yes, please specify:

SECTION 3: Emotional Wellbeing

Please check or describe any that apply:

☐ Anxiety ☐ Depression ☐ Mood swings ☐ Irritability ☐ Grief ☐ Stress
☐ Fear ☐ Relationship stress ☐ Emotional numbness ☐ Other: _____

SECTION 4: Psychological / Mental Concerns

Please check or describe any that apply:

☐ Difficulty focusing ☐ Negative thoughts ☐ Self-doubt ☐ Past trauma
☐ Disconnection ☐ Overthinking ☐ Low self-worth ☐ Other: _____

