



Charlsie Baer
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PATIENT INFORMATION

Today's Date: \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ [ ] MALE [ ] FEMALE

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_ Email \_\_\_\_\_

Occupation(s) \_\_\_\_\_

Are you a patient of [ ] Dr. Janice Piedmont Dunlap [ ] Dr. Susan Sweeten

Referred by \_\_\_\_\_

What is your goal/concern for today's session? \_\_\_\_\_

Do you have any discomfort lying on your back? \_\_\_\_\_

Medical History

- [ ] Anxiety/Nervousness [ ] Lack of energy
[ ] Headaches/Leg Cramps [ ] Arthritis
[ ] Neurological Problems/Epilepsy [ ] Cancer/Leukemia
[ ] Allergies/Asthma/Sinus Problems [ ] Diabetes
[ ] High Blood Pressure [ ] Fibromyalgia
[ ] Heart Disease [ ] Chronic Fatigue
[ ] Pregnant/Nursing [ ] Insomnia

Other Concerns \_\_\_\_\_

I understand that Energetic Healing is a compliment healing modality, not intended to replace allopathic (Traditional Western) medicine and that Charlsie Baer is not medically qualified to diagnose and treat disease.

I understand that the intent of Energetic Healing is to align and balance the electromagnetic fields generated by the body, mind and soul as an adjunct to other healing modalities.

I understand that this information/session will be treated confidentially.

Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_