



*Stella Moon Healing*

# SPINAL ENERGETICS

## Health Questionnaire

Name ..... DOB .....

Phone # ..... Email .....

By providing your email do you consent to receiving Stella Moon's Newsletter Yes  No

Do you suffer from any of the following:

Serious Heart Problems or Heart Disease? Yes  No

Current or Severe Epilepsy or History of seizures? Yes  No

Recovering from Major Surgical Procedures Yes  No

Active Drug addiction Yes  No

Asthma or Cardiovascular Problems? Yes  No

Have you been hospitalized for psychiatric condition, emotional crisis, or spiritual emergence with in the last three years Yes  No

Have you been diagnosed with severe PTSD? Yes  No

Any recent physical injuries, fractures &/or surgeries? Yes  No

Recovering from Major Surgical Procedures? Yes  No

Are you Pregnant or is there any change you're pregnant? Yes  No

Are you going through a current trauma? Yes  No

If yes, please explain:

.....  
Please list current Medications/Supplements:

.....  
What brings you to spinal energetics?

.....  
I confirm that I am of lawful age and fully understand the contents of this document.

Name (Printed) .....

Date Signed:

Signature .....