

# JULIE DESMARAIS & ASSOCIATES

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## PERSONAL INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX (M/F): \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

NUMBER OF CHILDREN AT HOME: \_\_\_\_\_ PARENTS AT HOME: \_\_\_\_\_

WHO REFERRED YOU TO THE CENTER? \_\_\_\_\_

## MEDICAL BACKGROUND

DATE & RESULTS OF YOUR LAST MEDICAL CHECK-UP: \_\_\_\_\_

\_\_\_\_\_

PLEASE INDICATE WHICH OF THE FOLLOWING YOU HAVE EXPERIENCED. IF SO, INCLUDE BRIEF DESCRIPTION AND DATE.

OPERATIONS: \_\_\_\_\_

ACCIDENTS: \_\_\_\_\_

INJURIES: \_\_\_\_\_

CONTAGIOUS DISEASES: \_\_\_\_\_

CANCER: \_\_\_\_\_

HEART PROBLEMS: \_\_\_\_\_

OTHER: \_\_\_\_\_

PRESENT ILLNESSES OR HEALTH CONCERNS (LENGTH OF TIME, DESCRIPTION) : \_\_\_\_\_

\_\_\_\_\_

## HISTORY OF ENERGY WORK

HAVE YOU EVER EXPERIENCED ENERGY WORK BEFORE? \_\_\_\_\_

DO YOU KNOW WHAT REIKI IS? (Y/N) \_\_\_\_\_

IF YES, DO YOU HAVE ANY REIKI TRAINING? WHAT LEVEL? \_\_\_\_\_

ARE YOU OPEN TO THE CONCEPT OF REINCARNATION? \_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING EXPERIENCES?

NEAR DEATH EXPERIENCE, OUT-OF-BODY EXPERIENCE,  
COMMUNICATION WITH DECEASED, VISIONS (please circle one)

OTHER (please specify): \_\_\_\_\_

ARE YOU FAMILIAR WITH THE CHAKRA SYSTEM? (Y/N) \_\_\_\_\_

ARE YOU PRESENTLY MENTALLY AND PHYSICALLY WELL ENOUGH TO  
MAKE CLEAR AND RESPONSIBLE DECISIONS? (Y/N): \_\_\_\_\_

IF NOT, PLEASE EXPLAIN: \_\_\_\_\_

WHAT CLEAR AND SPECIFIC OUTCOMES DO YOU WISH TO RECEIVE AT  
THIS TIME? (Examples: Enhanced self-esteem, relief from emotional burdens,  
past-life regression, chakra balancing, communication with living/deceased loved  
ones, healing and understanding of conflicted relationships, awakening of soul's  
potential, etc.)

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### PLEASE READ AND SIGN BELOW:

Suggestions given by "Julie Desmarais & Associates" are not intended to replace medical treatment and are not designed to diagnose or treat illness.

Any improvement in your mental, emotional and physical health is a result of your body's natural healing processes. The work provided by "Julie Desmarais & Associates" is focused on supporting this process and promotion a state of regeneration and balance.

Please stay in contact with your medical doctor/therapist and inform him/her of any decisions you make involving your health.

Please notify Julie Desmarais & Associates on an on-going basis of any progress or setback in your well-being.

There will be a charge of \$50.00 per reserved hours for any appointments cancelled without 24 hours notice.

These few rules and mutual commitment to open communication will help us to serve you with effectiveness and integrity.

I, the undersigned, have read and clearly understand the above information.

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