

Kellie Springer, RN
Intuitive Guide & Reiki Master

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Anam Cara
Kellie

Date: _____

Name: _____

DOB: _____

Address: _____

Home Phone: _____

Email: _____

Cell Phone: _____

Marital Status: _____

Children?

Name and Age: _____

Name and Age: _____

Name and Age: _____

Name and Age: _____

Name and Age: _____

Name and Age: _____

Briefly describe your current emotional health:

Which emotion seems to dominate your life?

Briefly describe your current physical health:

What concerns and issues are you hoping to address with this treatment?

Have you ever received Reiki or any other type of alternate healing? If yes, please describe:

What practices do you utilize to deal with stress?

What activities do you enjoy in your leisure time?

Do you have any spiritual practices? If yes, please describe:

Services rendered through Anam Cara Kellie are not meant as a substitute for medical or psychological diagnosis or treatment. It is recommended you see a licensed physician or health care professional for any physical or psychological issues you may have.

Signature:

Date:
