

Lina Carrillo Tracey

Dear Client,

Thank you for contacting me. I'm pleased to have the opportunity to work with you. I am a certified Brennan Healing Science Practitioner. My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind and spirit. I offer to serve as a facilitator in your self-initiated process of healing and transformation. I am here as your committed listener, your mirror, your partner in the process. In the course of our work together, we will explore areas that influence your state of well-being. We may address your health history, life stressors, belief systems and attitudes, your family and childhood history, diet, exercise, dreams, longings and how you are in relationships. Your sharing is always kept confidential. I will be doing healing energy work both with my hands on the body and also through the Human Energy Field, which surrounds the body. The work is done with you being fully clothed and lying on the healing table. I do not and am not learning to medically diagnose or prescribe treatment. If you have a physical injury or disease condition, I ask that you be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving.

Self-care is an extremely important part of this work and is your responsibility during our work together. If at any time during the session you are uncomfortable, please inform me immediately. I also recommend that you refrain from using alcoholic beverages for 24 hours after the session.

My fee is currently \$95 per a 1 hr session. If you cancel an appointment, please give me as much notice as possible. I ask for full payment for the session if you cancel within 24 from the scheduled time.

In signing the acknowledgment below, you agree that I may work with you in the above-described manner. I am most happy to answer any questions and I also encourage you to express any concerns you may have. You may also find out more about the Barbara Brennan School of Healing online at [www.barbarabrennan.com](http://www.barbarabrennan.com)

**ACKNOWLEDGMENT AND CONSENT FOR PRACTICE SESSION(S)**

I have read and understand the information provided by Lina and freely elect to have her work with me in the above described manner.

Signed \_\_\_\_\_

Date \_\_\_\_\_

With sincere respect for your healing journey,  
Lina Carrillo Tracey

**CLIENT INTAKE FORM**

(Confidential – For Practitioner's Use Only)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Relationship Status \_\_\_\_\_ Children \_\_\_\_\_

Employment/Profession  
\_\_\_\_\_

Emergency Contact  
\_\_\_\_\_

Current Medications/Supplements  
\_\_\_\_\_  
\_\_\_\_\_

Current Complementary Therapies  
\_\_\_\_\_  
\_\_\_\_\_

Alcohol Intake (frequency) \_\_\_\_\_ Tobacco/Cigarettes \_\_\_\_\_

Caffeine \_\_\_\_\_ Water \_\_\_\_\_

Other (CBD, non-prescription drugs, etc.) \_\_\_\_\_

General Type of Diet/Eating Habits  
\_\_\_\_\_

Exercise  
\_\_\_\_\_

Religious/Spiritual Practice  
\_\_\_\_\_

Therapeutic/Spiritual Growth Experience \_\_\_\_\_  
\_\_\_\_\_

**CLIENT INTAKE FORM**

(Confidential – For Practitioner's Use Only)

**Do you have or have you had any of the below? (Please mark "C" for current or "P" for past)**

**Autoimmune**

- AIDS/HIV
- Allergies
- Cancer (type)
- Fatigue
- Fever (chronic)
- Fibromyalgia
- Fungal infections
- Herpes (type)
- Lyme Disease
- Mononucleosis

**Emotional/Psych.**

- Anxiety
- Depression
- Eating Disorder
- Mood Swings
- Substance Abuse (type)

**Endocrine**

- Adrenal Insuf.
- Diabetes
- Pituitary Dysf.
- Hyperthyroid
- Hypothyroid

**Neurological**

- Epilepsy
- Dizziness
- Insomnia
- Migraines

**Trauma**

- Accident (type)
- Injury (type)
- Surgery (type)

**ENT**

- Earaches (chronic)
- Headaches (chronic)
- Jaw Pain

**Reproductive**

- STD (type)
- Endometriosis
- Pregnancy (#)
- Miscarriage (#)
- Abortion (#)

**Urinary**

- Bladder Infection
- Kidney Stones

**Digestion**

- Constipation (chronic)
- Gastritis
- Hepatitis
- Hypoglycemia
- IBS
- Jaundice Urinary
- Liver Disorder
- Bladder Infection
- Ulcers

**Musculo-Skeletal**

- Arthritis
- Back Pain
- Carpal Tunnel
- Gout
- Skin Disorder (type)

**Cardiovascular**

- Angina
- Heart Attack
- Heart Failure
- Hypertension
- Stroke

**Respiratory**

- Bronchitis
- Emphysema
- Pneumonia
- Tuberculosis

**Other:** \_\_\_\_\_

**CLIENT INTAKE FORM**

(Confidential – For Practitioner's Use Only)

**How are you physically?**

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**How are you mentally?**

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**How are you emotionally?**

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**How are you in relation to spirituality/religion/deeper purpose in life?**

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**What are your healing goals? What would you like to get out of our first and/or future healing sessions?**

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**Is there anything else you'd like me to know?**

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