

**Dan Tian Wellness**  
presents

**Reconnective Healing ® & The Reconnection ®**  
with Dr. Edith Chan

New Client Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

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

Phone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

How did you hear about the Reconnective Healing or The Reconnection?

\_\_\_\_\_  
\_\_\_\_\_

Whom should we thank for referring you to Dr. Edith Chan for this work?

\_\_\_\_\_

Signup to receive email/info updates from Dr. Eric Pearl and The Reconnection LLC: Yes\_\_ / No\_\_

Sessions scheduled - Dates/Times: \_\_\_\_\_

Marital Status : Single Married/Domestic Partner Divorced Widowed Spouse/Partner's Name: \_\_\_\_\_

# of Children \_\_\_\_\_ Children's Names/Ages: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Primary Hobbies/Activities: \_\_\_\_\_

What did you hear about the Reconnection/Reconnective Healing that made you decide to try this work?

\_\_\_\_\_

If you are here for The Reconnection, where/with whom did you receive Reconnective Healing session(s)?

\_\_\_\_\_

**OPTIONAL BELOW – If you would like to share any Medical History:**

**HISTORY OF ACCIDENTS or TRAUMATIC INJURIES:** What accidents or major traumatic injuries have you had? (i.e., car bicycle, motorcycle, sports injuries, slips & falls, etc.) Please include approximate dates/years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SURGERIES:** What major surgeries have you had? Please include approximate dates/years.

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL CONDITIONS:** Please list any current medical challenges and briefly summarize the medical treatments you have received for them.

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**MEDICATIONS:** Are you currently taking any prescription medication for any specific conditions?      YES      NO

Please list: \_\_\_\_\_

**YOUR CURRENT HEALTH:**

How would you rate your current health?      Poor    Fair    Average    Good    Excellent  
How would you describe your family's health?      Poor    Fair    Average    Good    Excellent  
Please rate the level of stress in your life.      Mild      Moderate      High  
Are you currently on a special diet?      Yes    No      Type:

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What are the 5 healthiest habits you currently have in your life?      What are the 5 least healthy habits you currently have in your life?

- |          |          |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |

How important is your PHYSICAL HEALTH to you?

1      2      3      4      5      6      7      8      9      10  
Not Important      Most Important

How important is your MENTAL/EMOTIONAL WELLBEING to you?

1      2      3      4      5      6      7      8      9      10  
Not Important      Most Important

How important is your SPIRITUAL WELLBEING to you?

1      2      3      4      5      6      7      8      9      10  
Not Important      Most Important

Thank you for taking the time to share!

**Edith Chan, The Reconnection, LLC, and anyone associated with this work, inclusive of, but not limited to The Reconnection® and/or Reconnective Healing®, make no specific claims, promises or guarantees, and are neither diagnosing nor treating any specific health challenges. You are solely responsible for seeking and continuing your medical care with appropriate licensed physicians. Please do not change or discontinue any medical therapy without seeking the advice of your licensed physicians first. By signing below, you indicate you understand that Dr. Edith Chan waives all liability as a medical provider within the context of this work. You understand that Edith Chan is serving SOLELY as your practitioner of Reconnective Healing® or The Reconnection®, and not as your medical provider.**

**SIGNATURE** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**PLEASE KINDLY NOTE OUR 24 HOUR CANCELLATION POLICY. THANK YOU.  
RECONNECTIVE HEALING® & THE RECONNECTION®, WITH DR. EDITH CHAN.**

