



Blissful Oms

Sandi Newton

Certified Light Therapist

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Client Intake Form - LED Light Therapy

Name:	Date of Visit:
Phone:	Email:
Referred by:	
Reason for Visit:	
What is your primary concern?	
Month/Year of onset of concern:	
Your idea of the cause:	
What makes it feel better?	
What makes it feel worse?	
Are you under the care of a physician? If so, please list the conditions(s) you are being treated for:	
Please provide any other information that you think I may need to know relating to your light therapy session.	