

Klee Ministry  
13041 Evanston St.  
Los Angeles, CA 90049

Client's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last Name*    *First Name*    *Middle*

Address: \_\_\_\_\_  
*Street*                      *Apt. #*    *City*                      *State*    *Zip Code*

Telephone: \_\_\_\_\_  
*Home*                                      *Work*

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Please check if any of the following conditions exist:

High Blood Pressure _____	Pregnancy _____
Heart Ailment _____	Leukemia _____
Any Contagious Disease _____	Organ Disorders _____
Cancer _____	Blood Disorders _____
Smoking _____	Nervous Disorders _____
Diabetes _____	Digestive Disorders _____
Any other condition not listed: _____	Foreign Objects in Body _____

Specify other condition: \_\_\_\_\_

CLIENT'S CONDITION: (History of symptoms or problems to address today):

Chakral Conditions (For Ken Klee to fill out based on scanning data)

Spiritual Cord: \_\_\_\_\_

Crown    N ___ O ___ U ___ D ___ C ___ B ___	Liver            N ___ O ___ U ___ D ___ C ___ B ___
Forehead N ___ O ___ U ___ D ___ C ___ B ___	Navel            N ___ O ___ U ___ D ___ C ___ B ___
Ajna        N ___ O ___ U ___ D ___ C ___ B ___	Sex              N ___ O ___ U ___ D ___ C ___ B ___
Throat     N ___ O ___ U ___ D ___ C ___ B ___	Back Head      N ___ O ___ U ___ D ___ C ___ B ___
2D Throat N ___ O ___ U ___ D ___ C ___ B ___	Back Throat    N ___ O ___ U ___ D ___ C ___ B ___
Heart       N ___ O ___ U ___ D ___ C ___ B ___	Back Heart      N ___ O ___ U ___ D ___ C ___ B ___
S. Plexus N ___ O ___ U ___ D ___ C ___ B ___	Back S. Plexus N ___ O ___ U ___ D ___ C ___ B ___
Spleen     N ___ O ___ U ___ D ___ C ___ B ___	Meng Mein      N ___ O ___ U ___ D ___ C ___ B ___
Gallbladder N ___ O ___ U ___ D ___ C ___ B ___	Basic            N ___ O ___ U ___ D ___ C ___ B ___

Energy Healing Techniques Used:

Basic Fault _____	Neuro Emotional Technique _____
Beyonder _____	Norri Healing _____
Crystal Layout _____	Pranic Crystal Healing _____
Reference Point Therapy _____	Pulsors _____
Theta Healing _____	Reiki _____
Sedona Method _____	Xiang Gong _____
Tree of Life _____	Invocative Healing _____
Tuning Forks ___; Sound Healing _____	Eyes: Beyonder ___; Vega ___: Other _____
Etheric Layer Work _____	Chakral Restructuring Work _____
Emo. Transf. Therapy (ETT) _____	Exorcism _____
Dimensional Healing _____	Rays of Creation _____

Other: \_\_\_\_\_  
 Client's Comments after Klee Ministry Energy Healing session: \_\_\_\_\_

I have read, understand, had the opportunity to ask questions about, and executed the Klee Ministry Disclosure and Consent form and understand that neither Ken Klee nor the Klee Ministry are licensed physicians or surgeons and that there is no guarantee the energy healing techniques used will alleviate or treat any medical, emotional, or mental conditions.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Energy Healer: \_\_\_\_\_ Date: \_\_\_\_\_