

Integrated Energy Therapy (IET) Intake Form

Name: _____

Address: _____

Email: _____

Cell Phone: _____ Occupation: _____

Marital Status: _____ Children: Y / N Date of Birth: _____

Emergency Contact Name & Phone: _____

How did you hear about me? _____

Ever had IET? No _____ Yes _____ When was last session? _____

If you could use the energy in today's session to change, heal or manifest one thing, what would it be?

Are you currently taking prescription medication: No _____ Yes _____

[If yes, please notify your medical care professional(s) that you are receiving energy work. Some clients find a change in prescription medicine dosage may be required.]

I understand that Integrated Energy Therapy (IET) is a gentle, hands-on technique that is used to identify and clear suppressed feelings, negative emotions and core cellular memories. It helps clear energy blocks that negatively impact your health, relationships, creativity and life purpose. I understand that IET practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that IET does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that IET can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signed: _____ Date: _____

Privacy Notice:

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.