

Integrated Energy Therapy (IET) Intake Form

Name: _____

Complete Address: _____

Email: _____ Cell Phone: _____

Occupation: _____ Marital Status: _____ Children: _____

Date of Birth: _____ How did you hear about me? _____

Emergency Contact Name & Phone: _____

Ever had IET? No ___ Yes ___ If yes, when was last session? _____

What is your current stress level? High _____ Medium _____ Low _____

Why did you choose IET for today? _____

I understand that: (a) 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, (b) IET helps clear energy blocks that negatively impact health, relationships, creativity and life purpose, (c) IET practitioners do not diagnose conditions, do not prescribe or perform medical treatment, do not prescribe substances, and do not interfere with the treatment of a licensed medical professional, (d) IET does not take the place of medical care, (e) it is recommended I see a licensed physician or health care professional for any physical or psychological ailment I may have, (f) IET can complement medical or psychological care I may be receiving, and (g) 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 a client will be discussed or shared with any third party without written consent of the client or the parent/guardian of under-age clients.