Integrated Energy Therapy®

CLIENT INTAKE FORM

Name	DOB	Date
Address		
City	State	Zip
Email	Occupation	
Emergency Contact	Phone	

Have you ever had an IET® session before ? Yes ☐ No ☐

Primary reason for appointment today:

_____

Are you taking any medication? Yes ☐ No ☐

List: _____

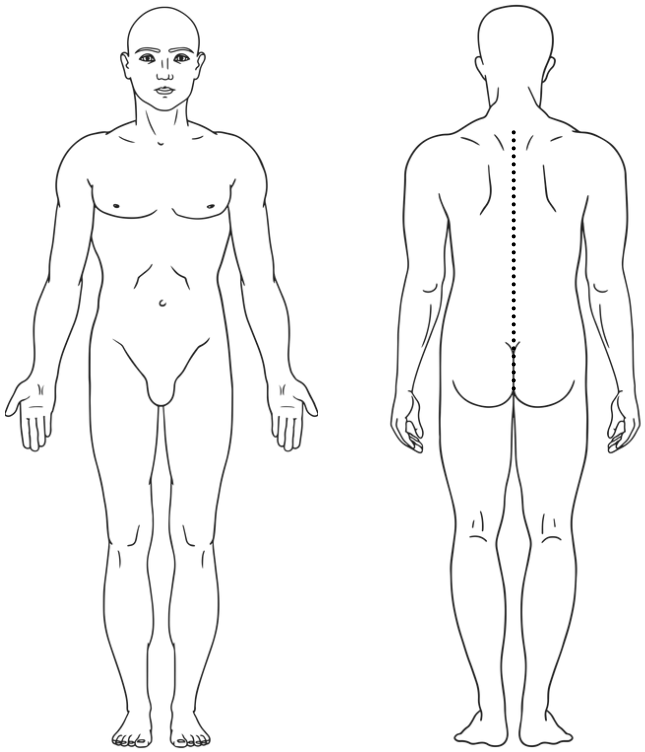
Are you sensitive to perfumes or fragrances? Yes ☐ No ☐

Are you sensitive to touch? Yes ☐ No ☐

Do you have a history of any of the following?

- ☐ Headaches
- ☐ Vision Problems
- ☐ Contact Lenses
- ☐ Hearing Problems
- ☐ Face/Head Injury
- ☐ Sinus Problems
- ☐ Jaw Pain/TMJ
- ☐ Abdominal Issues
- ☐ Constipation
- ☐ Diarrhea
- ☐ Hernia
- ☐ Fatigue
- ☐ Seizures
- ☐ Tension/Stress
- ☐ Numbness
- ☐ Tingling
- ☐ Muscle Problems
- ☐ Joint Problems
- ☐ Arthritis
- ☐ Tendonitis
- ☐ Sprains/Strains
- ☐ Spinal Problems
- ☐ Athelete's Foot
- ☐ Eczema
- ☐ Blood Clots
- ☐ Varicose Veins
- ☐ Depression
- ☐ Anxiety
- ☐ Smoker
- ☐ Heart Problems
- ☐ High Blood Pressure
- ☐ Low Blood Pressure
- ☐ Breathing Problems
- ☐ Bleeding Problems
- ☐ Infections
- ☐ Diabetes
- ☐ Pain
- ☐ Easy Bruising
- ☐ Rash
- ☐ Allergies
- ☐ Pregnancy
- ☐ Sleep Problems
- ☐ Cancer
- ☐ Mastectomy
- ☐ HIV
- ☐ _____

Please indicate with an (X) the areas you are feeling discomfort:



Please explain/describe areas of concern marked above:

_____

_____

_____

_____

Please read the following and sign below:

- I understand that IET® is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. 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.

Signature _____ Date _____