

Energy & Essential Oil Therapy

for the journey of healing

CLIENT INTAKE FORM

DATE: _____

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE: _____

OCCUPATION: _____

REFERRED BY: _____

CONTACT INFORMATION

CELL PHONE: _____

WORK PHONE: _____

HOME PHONE: _____

(Please star the preferred contact number)

May confidential messages be left on any of these phones? Yes ___ No ___

EMERGENCY CONTACT

NAME: _____

PHONE: _____ RELATIONSHIP: _____

PLEASE EXPLAIN THE REASON FOR TODAY'S APPOINTMENT

(What do you hope to gain from your therapy session?): _____

DESCRIBE SPECIFIC PROBLEMS YOU WISH TO ADDRESS: Include how long you have had them, any medical or psychological diagnosis for them, treatments you have tried, and their effectiveness:

FAMILY MEDICAL HISTORY (please circle)

Diabetes Cancer High Blood Pressure Heart Disease Stroke Seizures
Asthma Allergies Mental Illness Other Significant Illnesses (please list): _____

YOUR MEDICAL HISTORY (please circle)

Diabetes Cancer High Blood Pressure Heart Disease Stroke Seizures
Asthma Allergies Mental Illness Other Significant Illnesses or Surgeries (please list below):

ILLNESS OR SURGERY	DATES

Are you pregnant? _____

Describe any major accidents or traumatic events and approximate dates: _____

PLEASE READ CAREFULLY

My practitioner is not a licensed therapist, counselor or healthcare professional, therefore my consent to be touched is required. By signing, I am consenting to appropriate touch where it is applicable to the therapy I am receiving.

SIGNATURE: _____ DATE: _____

I understand that the Energy and/or Essential Oil Therapy sessions I receive are provided for the basic purpose of balancing the physical, emotional, mental, and spiritual systems of the body. Energy Therapy balances the electromagnetic fields that regulate the body as well as by shifting the more subtle energies described in other cultures with terms such as chakras, meridians, and etheric fields. Essential Oil Therapy aids in restoring specific systems of the body through the application and inhalation of therapeutic grade essential oils. While side-effects of Energy and Essential Oil Therapy are unusual, they are not unheard of. If I experience any pain or discomfort during a session, I will immediately inform my practitioner.

I further understand that Energy and Essential Oil Therapies should not be construed as a substitute for needed medical attention. Energy and Essential Oil Therapy practitioners do not diagnose, treat, or prescribe for medical conditions.

SIGNATURE: _____ DATE: _____