

**CLIENT INTAKE FORM**

*Please update me on any changes in your contact information!  
Your information will not be shared with anyone without your written consent.*

NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_

**CONTACT INFORMATION**

Are confidential messages OK? Yes \_\_\_ No \_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Remote sessions are by phone - please be sure you can place your phone on speaker.

**EMERGENCY CONTACT**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

Thank you for allowing me to partner with you on your healing path. Please know that as your energies shift you may experience temporary physical or emotional discomfort. Feel free to reach out when you have questions or concerns. Practicing the self-care techniques between sessions will help you remain balanced and can deepen the work that we do. ~Stacy

Payment for sessions should be made by the day of service unless other arrangements have been made. My PayPal ID is SweetEnergies@gmail.com and the session rate is \$125 unless otherwise agreed upon.

By signing this form, you consent to receive Intuitive Energy Medicine sessions and understand that it is not a substitute for medical or psychological care. You agree to bring up any questions or concerns as they arise and keep communication open.

Signature \_\_\_\_\_ Date \_\_\_\_\_

What is your primary reason for seeking energy medicine treatment?

What goals do you have for your health and wellbeing? Are you willing to do self-care and be a partner in your healing process?

Have you had energy work previously?

Do you suffer from:

Stress \_\_\_\_\_

Mental Health \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Cancer \_\_\_\_\_

Auto-immune \_\_\_\_\_

Allergies \_\_\_\_\_

Diabetes \_\_\_\_\_

Asthma \_\_\_\_\_

Hormonal Issues \_\_\_\_\_

Headaches \_\_\_\_\_

Heart Disease \_\_\_\_\_

Other \_\_\_\_\_

Surgeries? Dates and Outcomes:

Describe any major accidents or traumatic events and approximate dates:

Any other concerns?