

INTAKE FORM

TO THE CLIENTS OF IET

You need to know that:

1. I am **not** a doctor
2. I do not practice medicine
3. I do not diagnose or treat for a specific illness.
4. I do not prescribe or adjust medication.

What is IET? IET practitioners believe that our physical, emotional, mental and spiritual bodies retain energies from our experiences. IET addresses nine cellular memory areas to adjust these retained energies. The primary benefits to IET are to clear retained energy blocks (such as fear) and to imprint empowerment virtues (such as safety). Clients may or may not feel the actual shifts during a session. Clients often feel relaxed and balanced after IET sessions. This state of being is advantageous to clear vision for direction to life's choices and soul's purpose.

What does IET do?

1. IET promotes energetic balance by helping us to remember and resonate to the energy of our divine blueprint.
2. IET reduces stress and brings about relaxation.
3. IET opens us up to our energetic potential to empower the envisioning, embracing and enacting of our soul's purpose.

By signing this form, I give my consent to an IET session. I understand I may discontinue sessions at any time. I believe that I am ultimately responsible for maintaining my health in the best way that is within my understanding. I believe that it is my choice in the method and in the person to assist me in the best way that is within my understanding.

Print name: _____ Date _____

Signature: _____

Confidential Client Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

DOB: _____ Age: _____ Marital status: _____ Children: _____

Occupation: _____ Hobbies: _____

Referral source: _____

What would you like the focus or intention to be for you IET session?

Client Health History

Have you ever had an operation (surgery)? _____

Present health concerns? _____

Currently under medical care? No ____ Yes ____

If yes, please describe: _____

Any medication or medicinal herbs? _____

Previous major illnesses, accidents or broken bones? _____

When tense, where do you feel it most in your body? _____

1st _____ 2nd _____

Describe your sleeping patterns: _____

Why are you seeking IET? _____

Have you ever had an IET session before? No ____ Yes ____

If yes, when and how often? _____

What other forms of body therapy have you tried? _____

(For Women) Are you currently pregnant? No ____ Yes ____ Due Date: _____