Intake Form for Energetic Healing

Today’s Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that Integrative Energetic Healing is a complimentary healing modality, not intended to replace allopathic (traditional Western) medicine. I understand that the intent of Integrative Energetic Healing is to align and balance the electromagnetic fields generated by the body, mind, and soul as an adjunct to other healing modalities. The session is NOT by any means a medical treatment. There is no physical or psychological diagnosis. There is no claim for curing the body and/or the mind.

I understand that I may terminate the session at any time.

Except in the case of gross negligence or malpractice, I or my representative(s), agree to fully release and hold harmless Barbara I LaFever from and against any and all claims of liability of whatsoever kind or nature arising out of or in connection with my session(s). It is by my choice that I am receiving this session(s).

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical History

Name

Recent Accidents, Injuries, Hospitalizations

Previous Broken Bones

Previous Surgeries

Serious Diseases (cancer, autoimmune) or chronic conditions (respiratory, cardiac, digestive,

circulatory, neurological, skeletal

Allergies (medications, foods, cosmetic, airborne substances

Other Conditions

Current Treatments

Current Medications

Primary Concerns for this Session: (include mental, emotional, and physical issues)