

## 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: \_\_\_\_\_