

## CLIENT INTAKE FORM

Diane Wright - Support A Healthier You

### CLIENT INFORMATION

Full Name:

---

Date of Birth:

---

Phone Number:

---

Email Address:

---



What are you hoping to receive support with?



Current Well-Being

How would you describe your current emotional/energetic state?

- Feeling balanced
- Feeling overwhelmed
- Feeling disconnected
  - Seeking clarity
  - Other:



### Experience with Energy Work

Have you received energy healing before?

Yes  No

If yes, what type?

---



### Session Preferences

Session type:

In-person

Virtual



### Consent & Agreement

By signing below, I acknowledge that I have read and agree to the Client Disclosure & Informed Consent for Diane Wright Support A Healthier You. and understand the nature of these services.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Emotion Code Consent Form

## Support A Healthier You

1. I understand that The Emotion Code®, as created and taught by Dr. Bradley Nelson, and as practiced by Diane J Wright- Support A Healthier You, practitioner, seeks to identify and eliminate underlying imbalances by releasing energetic imbalances. These methods of energy healing can promote harmony and balance within, relieving stress and supporting the body's natural ability to heal. Energy healing, including the modality of The Emotion Code® is widely recognized as a valuable and effective complement to conventional medical care. There are many other types of energy healing, The Emotion Code® is only one technique.

2. I understand that releasing trapped emotions as practiced by Diane J Wright- Support A Healthier You is not a substitute for medical care. This information is not intended as medical advice and should not be used for medical diagnosis or treatment. The information received is not intended to create any physician-patient relationship, nor should it be considered a replacement for consultation with a healthcare provider, nor is it meant to replace any medical treatments as ordered by any physicians nor any other medical care you have been advised to seek by them. I further understand that The Emotion Code® and any suggestions made for grounding techniques, releasing energy or meditation are not a replacement for any professional psycho-therapeutic or counseling sessions in the treatment of any mental health issues or disorders.

3. I understand that in approximately 20% of sessions, the release of trapped emotion(s) or other energy(s) may result in "processing," where echoes of the emotion(s) or other energy(s) released may manifest in temporary physical or emotional discomfort and that this "processing" appears to be a normal part of regaining energetic balance. Processing symptoms can include but are not limited to tiredness, excessive thirst, agitation, trouble sleeping, dreams about events released, headaches, and nausea.

4. I understand that my practitioner, Diane J Wright – Support A Healthier You makes no claims as to healing or recovery from any illness I may have now, nor the prevention of any illness I may have in the future and that no guarantee is made towards validity. I further understand that the use of any information I receive is at my own risk.

5. I understand that if I have health concerns, I should seek advice from an appropriate medical practitioner before making any decisions about my health and that this information is offered as a service and is not meant to replace any medical treatment.

6. I understand that I am advised to be self-informed about this work by visiting Dr. Bradley Nelson's website: [www.discoverhealing.com](http://www.discoverhealing.com) and/or by reading his book, The Emotion Code.

7. I understand that by signing this form, I fully consent to participate (or give full consent for my child to participate) in an energy healing session with Diane J Wright – Support A Healthier You.

8. I understand that if I sign for my child under age 18, I will help them process through their sessions by encouraging them to stay hydrated, getting outside and being patient with their feelings.

9. I understand that payment is due in full at the time of your session.

10. I understand there is a 24-hour cancellation policy. If cancelled in less than 24 hours I will be charged \$50.

Your Signature/ Date