



## INTAKE FORM

### **You need to know that:**

1. I am **not** a doctor and I do not practice medicine
2. I do not diagnose or treat for a specific illness.
3. 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.

### **What is REIKI?**

Reiki is the practice of restoring your personal energy to its highest power, fixing your low or unbalanced energy. The person receiving Reiki is fully clothed, relaxing on a table, while the practitioner is focusing on you, connecting to your personal energy to give the amount of energy needed to bring you balance.

- By signing this form, I give my consent to an IET and/or Reiki 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.
- No Refunds given for missed appointments.
- Please check 1: During my session I will allow light touch or no touch.
- **COVID-19 Procedure: You must wait in your car until called/texted. You must wear a mask. You acknowledge that going to any office you pose a risk of contracting COVID-19 and not in any way will this residence be held responsible.**

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

**Confidential Client Information (Please PRINT CLEARLY)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Please add me to the email list! Special Events! Specials! Yes \_\_\_\_ No \_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
DOB: \_\_\_\_\_ Age: \_\_\_\_ Marital status: \_\_\_\_\_ Children: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Referral source: \_\_\_\_\_

What would you like the focus or intention to be for your IET and/or Reiki session?

\_\_\_\_\_  
\_\_\_\_\_

**Client Health History**

Present concerns? \_\_\_\_\_

\_\_\_\_\_

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

1st \_\_\_\_\_ 2nd \_\_\_\_\_

Why are you seeking IET and/or Reiki? \_\_\_\_\_

\_\_\_\_\_

Have you ever had an IET and/or Reiki 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: \_\_\_\_\_

Is there anything else you need me to know? \_\_\_\_\_

Thank You!

*Jeanine*

breathe 'n believe

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