**Vital Energy Medicine LLC**

**200 Country Club Dr. Suite B
Oak Island, North Carolina 28465**

**www.vitalenergymedicine.com**

**919.389.9722**

**Client Intake Form**

***Please update me on any changes in your contact information!*** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact information**

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May confidential messages be left on your voicemail? Yes \_\_\_ No \_\_\_

How did you hear about Vital Energy Medicine? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had energy work done in the past? Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE READ CAREFULLY**

I understand that the energy medicine sessions received are provided for the basic purpose of harmonizing and balancing my body’s energies. If I experience any pain or discomfort during a session, I will immediately inform my practitioner.

I further understand that energy medicine should not be construed as a substitute for needed medical attention. energy medicine practitioners do not diagnose, treat, or prescribe for medical conditions. Energy medicine brings about physical improvements by impacting the electromagnetic fields that regulate the body as well as by shifting the more subtle energies described in other cultures with terms such as chakras, meridians, and etheric fields.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OTHER ASPECTS OF OUR RELATIONSHIP**

**Questions.** Please ask me questions about anything that happens in our work together. I'm always willing to discuss how and why I’m doing what I'm doing.

**Touch.** Physical contact, even in a healing relationship, can be a sensitive matter because touch can be easily misinterpreted and feel too intimate, uncomfortable, or sexual in nature. Touching in a sexual manner is unethical within a professional healing relationship and will never be a part of our work together. Many of the methods I will use, however, are likely to involve touch. The theory behind such methods is that touching or holding points can assist you and me in identifying and shifting imbalances in your energies. At such times, you would remain fully clothed, with perhaps the exception of your shoes and socks. I would always explain ahead of time where I would touch, and you can let me know if you are comfortable with it or not. I will always honor any requests not to touch.

**Complaints.** If you are unhappy with our work together, I hope you will talk about it with me so that I can respond to your concerns directly. I will take such concerns seriously and respond to them with care and respect.

Your signature below indicates that you have read the information in this document, understand it fully, and have discussed any questions or matters of concern with me.

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

Print Name

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

Signature Date

**HEALTH HISTORY**

**Surgeries:**

**Pacemaker: Yes No Metal in Body: Yes No**

**Accidents or Trauma:**

**ALLERGIES:** (drugs, chemicals, foods, airborne allergies, etc.)

**CURRENT LIFESTYLE:**

* What gives you joy?
* How do you deal with stress?
* Best way to relax?
* Daily Walks/Exercise?
* Diet? Treats?
* What do you hope to gain from your energy medicine treatments?
* Describe problems you wish to address. Include how long you have had them, any medical or psychological diagnosis for them, treatments you have tried, and their effectiveness: