



essential energy medicine

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Essential Energy Medicine
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CLIENT INTAKE FORM

DATE: _____

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BIRTH DATE: ___/___/___ OCCUPATION: _____

REFERRED BY: _____

CONTACT INFORMATION

Are confidential messages OK? Yes ___ No ___

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

EMERGENCY CONTACT

NAME: _____

PHONE(S): _____

RELATIONSHIP: _____

Reason for visit: What do you hope to gain from your energy medicine sessions?

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:

YOUR MEDICAL HISTORY

Do you have a Pacemaker? _____

Do you have Metal Plates or Screws in your body? _____

Do you have Diabetes? _____ Are you pregnant? _____ How many months? _____

Do you have any pain in your body? _____ Where? _____

Are you currently under the care of a physician? ____ Please list reasons below:

Please List: Any recent or prior injuries, surgeries, accidents, major traumatic events or medical treatments and approximate dates: (Use back of page if necessary)

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

MEDICATIONS and/or SUPPLEMENTS: (Use back of page if necessary)

Are there any other issues you would like to discuss?

PLEASE READ CAREFULLY

I understand that the energy medicine sessions I receive are provided for the basic purpose of harmonizing 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: _____