

CLIENT INTAKE FORM TEMPLATE

(Guideline template for energy therapists)

1. Personal Information

- Full name:
 - Date of birth:
 - Phone number:
 - Email:
-
-

2. Reason for consultation

What brings you here today?
(Briefly describe your main concern)

3. Current physical state

Do you currently have any relevant medical diagnosis?

Yes

No

If yes, which one?

Are you currently following any pharmacological treatment?

Yes

No

If yes, please specify:

Do you have any of the following?

Metal or electronic implants

Pacemaker

Prosthesis

IUD

Pregnancy

History of embolism

Kidney or gallbladder stones

Other: _____

None

4. Current emotional state

How would you describe your emotional state at this moment?

Anxiety

Sadness

Stress

Fatigue

Irritability

Feeling blocked

Other: _____

5. Sleep and energy

How is your sleep?

I sleep well

I have difficulty sleeping

I wake up several times

I wake up feeling tired

Daily energy level (1–10): _____

6. Previous experience

Have you previously received energy therapies?

Yes

No

If yes, which ones?

7. Sensitivities

Is there any sound, aroma, or technique that feels unpleasant or uncomfortable for you?

8. Expectations

What do you hope to receive from this session?

9. How did you find us?

Recommendation from a friend

- Social media
- Website
- Workshop or training
- Another professional
- Advertising
- Other: _____

10. Informed consent

I declare that the information provided is true and that I understand energy therapy is a complementary practice and does not replace conventional medical treatment.

Client signature: _____

Date: _____

THERAPIST NOTES

(To be completed by the practitioner after the session)

Date: _____

Energetic observations:

Physical/emotional reactions:

Recommendations given:

Follow-up plan:
