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CLIENT INTAKE FORM

Name _____ Date _____

Address _____ City/State _____

Cell # _____ Email _____

Referred by _____ Newsletter Y/N

Emergency Contact: _____ Relationship: _____

Emergency contact phone: _____

PLEASE READ CAREFULLY

Although Energy Medicine uses the term “medicine,” it does not imply that Energy Medicine practitioners are practicing medicine. Energy Medicine is a term used by many training programs that teach people how to assess and correct for energy imbalances in the body. Energy Medicine is not a substitute for the diagnosis and/or treatment of medical or mental health conditions by a licensed health care professional. If you have a disorder that has been diagnosed by a licensed medical or mental health professional or a condition that should be evaluated by a licensed health professional, my services should be used only in conjunction with your obtaining that care. I do not diagnose or treat medical or mental health disorders, nor am I trained or licensed to do so. Energy Medicine attempts to optimize the body’s overall health and vitality, but it is not used instead of appropriate care from a licensed professional. If you experience any pain or discomfort during your session you agree to inform me immediately.

Print Name

Date

Signature

Are you pregnant? Y / N

Do you have a pacemaker? Y / N

Do you have any metal plates or screws in your body? Y / N

YOUR MEDICAL HISTORY (please circle)

Diabetes

Asthma

Cancer

Allergies

High Blood Pressure

Autoimmune Disease

Heart Disease

Surgeries

Stroke

Other illness:

Seizures

What are the primary problems that you wish to address?

How long have you had them?

What other things have you tried to solve them?

What brings you joy?

How do you deal with stress?

What do you do for self care?

Is there anything you would like to note that is not on this form?