

INNER *trust* Client Intake Form

Date: _____

Name: _____

Phone (home): _____ Cell phone: _____

Address: _____

City: _____

Email (optional): _____

I would like to be added to your email list (please check) yes no

Date of Birth: _____

Emergency Contact: Name: _____ Phone: _____

Reason for Session

Relaxation and Stress Reduction Specific Issue – list below

Physical _____

Emotional _____

Mental _____

Spiritual _____

Are you experiencing pain or discomfort? yes no

If yes where? _____

Please list area(s) of concern that you would like to address in order of importance:

Have you ever had an Energy Session Before session before? yes no If yes, when? _____

Aromatherapy

Aromas you like: Citrus Floral Herbaceous Minty Spicy Earthy

Aromas you dislike: Citrus Floral Herbaceous Minty Spicy Earthy

Allergies/irritations to any scents/oils? _____

INNER *trust* Release Form

I understand that Energy Healing is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Energy Healing practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Energy Healing does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Energy Healing can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Client Name (Printed): _____

Client Signature: _____

Date: _____

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.

INNER TRUST

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