

Transformative Energies, LLC
262 East 3900 South, Suite 126
Salt Lake City, UT. 84107
801-259-8909

Today's Date: _____

Birthdate: _____

Transformative Energies Intake Form

Name: _____ Gender: Male Female

Address _____ Cell phone: _____

City: _____ State: _____ Zipcode: _____

Email address: _____

Marital status (please circle): single married partnered separated divorced widowed remarried

Spouse or partner name: _____

Number of children: _____ Ages of children: _____

Occupation: _____ Work phone: _____

Emergency contact: _____ Their phone: _____

Counselor or therapist: _____ Their phone: _____

Health History

Please list the reasons for your visit today: _____

Are you currently taking, or have recently been on, any medications? Yes No

If yes, please list the purpose for the medication(s)? _____

Please list any present or recent physical trauma, such as injuries to the head or neck, concussions, accidents and surgeries? Please include dates, beginning with the most recent events: _____

(continued on reverse)

Have you had root canals or amalgam fillings? Yes No

Do you experience any of the following? (please circle): thyroid problems fibromyalgia asthma
arthritis anemia candida rashes chronic fatigue digestive disorders low libido sore throats
sinusitis muscle and/or joint aches prolonged flus or colds concentration issues noise sensitivity

Do you breathe through your mouth, snore or gasp for breathe at night? Yes No

Do you wake up tired, have migraines or morning headaches, have nightmares? Yes No

Are you seeing a counselor or mental health professional? Yes No

Do you have any mental health concerns, such as ADHD, depression, anxiety? Yes No

Do you exercise, meditate, or engage in healthful activities? Yes No

Are there any other medical or health concerns of which I should be aware? Yes No

If yes, please briefly describe: _____

Disclaimer and Release

I understand Energy Kinesiology does not treat, diagnose or replace prescribed medical treatment or pharmaceuticals. In addition, I understand massage therapy is for the purpose of stress reduction, relief of muscular tension, spasms or adhesions. The purpose of both therapies is to reduce stress to facilitate the body in its own healing abilities.

Energy Kinesiology and Massage Therapy are not substitutes for medical examination and/or diagnosis; it is recommended the client see a physician for any body ailments and/or a counselor for mental health disorders.

I have stated all my known medical conditions and take full responsibility to keep Transformative Energies informed and updated on my physical health.

Please understand if you are under the influence of an illegal drug or substance, the session will be concluded and you will be responsible for paying the full two-hour rate.

Client or Guardian signature: _____ Date: _____

Cancellation Policy

Transformative Energies sets aside two-hour blocks for every appointment and therefore requires a **24-hour advance notice** for rescheduling or cancellations.

Please note you will be charged \$90 for any late rescheduling, cancellations or no shows and this charge will be applied to your next session.

Please only use **text messaging** or **voicemail** to cancel or reschedule an appointment. Thank you.

Client or Guardian signature: _____ Date: _____