

# ITA Energy Medicine – Client Health & Intake Form

## Personal Information

Full Name:

Date of Birth:

Address:

Phone:

Email:

Occupation:

Emergency Contact/s (Name & Phone):

## Medical & Health History

- How would you describe your current state of physical health?  
 Excellent  Good  Fair  Poor
- Please list any diagnosed medical conditions (past or present):
  
- Are you currently under the care of a medical or allied health professional?  
 Yes  No  
If yes, please provide details:
  
- Please list any current medications, supplements, or treatments you are using:

- Do you have any allergies or sensitivities (e.g. foods, products, environmental)?

## **Emotional & Mental Wellbeing**

- How would you rate your current emotional wellbeing?  
 Balanced  Somewhat stressed  Frequently stressed  Overwhelmed
- Are you currently experiencing, or have you previously experienced, any of the following?  
 Anxiety  
 Depression  
 Trauma or PTSD  
 Mood swings  
 Other (please specify):
- Are you currently seeing a psychologist, counsellor, or therapist?  
 Yes  No

## **Energy Awareness**

- Have you previously received ITA or other energy-based therapies?  
 Yes  No  
  
If yes, please describe your experience:
- What areas of your life are you currently seeking support with (physical, emotional, mental, spiritual, lifestyle)?

- Do you practice any personal wellbeing routines (e.g. meditation, yoga, breathwork)?

Yes  No

If yes, please describe:

## Goals & Intentions for ITA Sessions

- What would you like to achieve through ITA Energy Medicine sessions?
  
- Are there any particular concerns or intentions you would like your practitioner to focus on?

## Consent & Agreement

- I understand that ITA Energy Medicine is a complementary health modality and is not a substitute for medical diagnosis or treatment.
- I agree to inform my practitioner of any changes to my health or wellbeing.
- I understand that all information shared is confidential and will be treated with respect and discretion.
- I consent to receive ITA Energy Medicine sessions.

Client Name:

Client Signature:

Date:

Practitioner Name:

Practitioner Signature:

Date:

**Disclaimer:**

ITA Energy Medicine is a complementary and holistic health modality. It is not intended to replace or substitute professional medical advice, diagnosis, or treatment provided by a qualified medical or mental health professional.

ITA Practitioners do not diagnose, treat, or cure medical conditions. Individuals with health concerns are advised to consult with their GP or appropriate healthcare provider.

All information shared during sessions is treated with confidentiality in accordance with the Australian Privacy Principles (APPs) and relevant laws.

By participating in ITA Energy Medicine sessions, you acknowledge that you understand these terms and accept full responsibility for your physical, mental, and emotional wellbeing.

This practice operates in compliance with Australian Consumer Law and relevant health regulations applicable in Western Australia.