SACRED ANATOMY
ENERGY MEDICINE

Confidential Intake Information

This form is held in strictest confidence and is for the support of your private session by your certified SAEM Practitioner. Neither the data revealed here nor any of your personal information will be shared with anyone without your written permission and agreement.

1	Name:					Date:	
2	Email:			Phone(s)			
3	Address:						
4	Sex:	Age:	Birth Date:	Birth Location:			
5	Astrological Sign:		Chinese Sign:			Birth Order:	
6	Relationship Status:	Married:	Single:	Divorced:	Separated:	Widowed:	Committed relationship:
7	How long in current status?		Name of significant other:				Their age:
8	Names and ages of children:						
9	Names of other co-parents:						
10	Your religious upbringing:						
11	Current religious or spiritual orientation:						
12	Do you have a current spiritual practice?			What is it?			
13	Have you received any energy work or alternative medicine modalities?			What? When?			
14	Have you taken any training in any alternative or energy working modality?			What? When?			
15	List your current medications (please include all prescription drugs and over the counter medications):						
16	List any medication you have taken throughout your life for longer than 4 weeks. (please include prescription drugs and over the counter medications):						
17	Hospitalizations?	Details:					
18	Do you have a regular physical activity?			What is it?			
19	What is the current state of your mental health?						
20	Are you currently or have you ever been in psychotherapy? If so, describe focus						
21	Have you ever been diagnosed with a neurological condition or mental illness?	Details:					
22	What treatment did you receive?						
23	Did you or have you ever taken antidepressants, anti-anxiety or anti-psychotic mediations?	Details:					
24	Do you or have you ever used plant spirit medicine or psychedelic drugs?	Details:					
25	Have you ever been diagnosed with any major disease?	Details:					

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26	What is the current state of your physical health?	
27	Describe your diet:	
28	How much do you ingest: Sugar?	Caffeine?
29	List the supplements you take:	
30	Do you smoke cigarettes?	How much?
31	Do you use Marijuana?	What form, how much, medical?
32	Do you drink alcohol?	What, how much, how frequently?
33	List your current issues, (physical, emotional, psychological, and/or spiritual) and duration:	
34	Who is on your support team?	
35	What is your vocation?	Avocations?
36	State your intention for this session:	
37	How did you hear about Sacred Anatomy Energy Medicine?	

I state that the information I have entered above is true and correct, and that I have fully disclosed all conditions, disease process and issues. All information contained herein will be held confidential.

I understand that Sacred Anatomy Energy Medicine practitioners do not diagnose or treat medical conditions like a physician, a psychotherapist or other licensed medical professionals. I do not expect any prescribed treatment or result. I hold ***PRACTITIONER NAME*** harmless, and I personally take full responsibility for my experience, releasing all others of responsibility for my well-being.

As Sacred Anatomy Energy Medicine is an ever growing body of work, if we agree, I give my permission to share information about my session with my teacher, Desda Zuckerman.
_____ (initials)

_____

Signature (or type your name if submitting electronically) **Date**
Emailing this completed form is the equivalent of a signature of acceptance.

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