



Lisa Nanni

Eden Energy Medicine

Advanced Practitioner & Eden Method Authorized Teacher

www.lisananni.ca | lisananni@gmail.com | Get well. Stay well. Feel even better.

Client Intake Form

Taking the time to fill this out before our session will help direct your time together with Lisa. You can be brief with your answers, and will go into more detail when and where needed.

Date:

Name:

Birthdate:

Occupation:

Address:

Children and ages:

CONTACT INFORMATION

EMAIL:

PHONE:

Can you be texted at this number?

Can a confidential message be left for you at this number?

Would you like to be included in Lisa's email list? Postings are usually 2-3 times per year, and include only work that she is offering - sessions, classes, workshops, events, etc. Your email is kept confidential and never shared. You can unsubscribe at any time.

YES NO

Emergency contact person:

Their phone number:

Relationship:

How did you hear about Lisa's services?

MEDICAL INFORMATION

List the name and specialty of other health care professionals that you are now seeing.

List surgeries that you have had and the year of the surgery.

List any major illness, trauma or accidents and the year they happened.

Answer yes or no.

pacemaker		asthma		allergies	
pregnant		metal in body		cancer	
stroke		high blood pressure		heart issues	
seizures		diabetes		environmental sensitivities	

List any medications and natural herbs or supplements that you are currently taking.

ENERGY MEDICINE SESSION

What would you like to accomplish in your energy medicine session?

With this goal in mind; describe how long this has been an issue, what was going on when it started, any medical or alternative diagnosis for this issue, treatments you have tried, things that have helped and things that haven't. Use the back if needed.

What gives you joy?

How do you deal with stress or how do you relax?

How do you take care of your body?

Briefly describe your diet?

Please add anything else that you feel is pertinent to our work together.

Are you willing to follow up with self care tools at home to reinforce and integrate our work together?

Thank you for investing your time and resources in your health and wellbeing. Please email these 3 pages to Lisa at lisananni@gmail.com, and bring a copy to the first session with you.

Informed Consent

Energy Medicine is an approach that involves balancing and restoring your body's natural energies for the purposes of increasing your vitality, strengthening your mental capacities, and optimizing your health. The form of Energy Medicine that Lisa uses was developed by Donna Eden and is described in her book, *Energy Medicine*. For a wealth of information on Eden Energy Medicine you can go to innersource.net.

Energy Medicine is not the practice of medicine:

Energy Medicine is a term used by many training programs that teach people how to assess and adjust for energy imbalances in the body. Lisa does not diagnose or treat medical or mental health disorders, nor is she trained or licensed to do so. Energy medicine attempts to optimize the body's overall health and vitality, but it is not to be used instead of appropriate care from a licensed professional. With that in mind, Lisa may notice energies that are presenting in a way that might require medical attention, and will recommend further testing with a medical or mental health professional.

Confidentiality:

You can expect Lisa to treat your work together as confidential. This includes written records, communication, information between family members and other health professionals (unless a written release of information is agreed upon.) The exception to this is if there is an immediate danger to you or others or there are abuse issues concerning a minor. This must be disclosed according to Quebec law. All clients under the age of 16 need to be seen with a parent present.

Touch:

Many of the methods Lisa uses are likely to involve touch. Touching or holding points can assist in identifying and shifting imbalances in your energies. You will always remain fully clothed, with the exception of your shoes. Lisa will always honour any requests not to touch. Let her know immediately if anything that she is doing causes pressure or pain. There is always another way to do something and experiencing discomfort or pain can be counterproductive to what we you are aiming for.

Concerns:

If you are unhappy with your work together, please talk about it with Lisa so that she can respond to your concerns directly.

Lisa can be reached at 819 790 0712 (text or call) or lisananni@gmail.com.

Informed Consent

Your signature below indicates that you have read the information in the document, as well as the information online in the Clients section for New Clients. Your signature affirms that you understand the content fully, and have discussed any questions or matters of concern with Lisa.

It also indicates that you are responsible for your own healing and will not at any time hold Lisa Nanni liable for any outcomes that may or may not have to do with your EEM sessions.

Please print this out and bring it with you to your first session.

Signature: _____ Date: _____

Printed Name: _____