



Emily Liu Healing International Inc

CONFIDENTIAL (Advanced) Energy Healing Intake Form

Today's Date:

Client Name:

Age:

Phone Number:

City & State:

Email Address:

Occupation:

HISTORY OF PRESENT ILLNESS INFORMATION

Detail of Chief Complaint (Reason for Visit):

Date of Injury or Onset of Symptoms:

Pertinent Lab/X-rays/Other Findings:

Other Relevant Information:

Are You Currently Practicing or Receiving Any Complementary and Alternative Modalities? YES NO

If Yes, Please Explain:

Have You Recently Been Diagnosed with Any Infectious Illness? YES NO

If Yes, Please Explain:

MEDICATION AND SUPPLEMENTS

1.	4.
2.	5.
3.	6.

MEDICAL, SURGICAL AND SOCIAL HISTORY

Overall General Health: Poor Good Excellent

Diet: Regular Vegetarian Vegan Other:

Exercise: YES NO If Yes Type/Frequency: some slow walking

Hypertension: YES NO



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Gastrointestinal (Abdominal Pain, Vomiting, Diarrhea): YES NO

Stress/Anxiety/Depression or Psychiatric Conditions: YES NO

Are You Pregnant YES NO UNKNOWN

Cancer: YES NO

If Yes, Type/Location:

If Yes to Any Question Above, Please Explain:

Additional Notes (any relevant medical conditions):

Disclaimer: I understand that (Advanced) Energy Healing is not meant to replace conventional medicine but rather to compliment it. If symptoms persist, a medical professional is to be consulted immediately. I hereby release the person(s) providing Energy Healing and the Emily Liu Healing International Inc from any liability as a result of the services I received.

I consent that my healing case, including conversations, health information, and progress, may be used for educational, marketing, or insurance purposes in a de-identified format.

Client Name (please print):

Client Signature:

Session Overview

Each session focuses on one primary health or energy issue that most affects your life. Your provider may also address connected imbalances as appropriate. Healing is a process, and every session contributes to your overall health journey.

Sessions typically last 25–30 minutes. You may request focus on a specific area, and your provider will tailor the session to your unique energy and health profile.

Energy healing works on interconnected systems, so improvements in one area may positively influence related areas over time. Energy healing is cumulative, and regular sessions often lead to noticeable improvements in overall well-being, energy, and vitality.

At the end of each session, you and your provider can review your experience and any changes you notice, helping guide the focus for future sessions.



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Healing Progress Tracking

- **Step 1: Baseline (Before First Session)**, Please list all health issues, diagnosed medical conditions, or areas of discomfort you currently experience. For each, rate your **current severity/condition** , and rate each on a scale of 1–10 (1 = no issues, 10 = worst).

#	Area / Health Issue	Severity Before (1–10)	Severity After (Leave blank)
1.	Energy/Fatigue	_____	_____
2.	/	_____	_____
3.	/	_____	_____
4.	/	_____	_____
5.	/	_____	_____
6.	/	_____	_____
7.	/	_____	_____
8.	/	_____	_____
9.	/	_____	_____
10.	/	_____	_____

Note: The “Severity After” column will be filled in by your provider after each session to track your progress over time. The baseline “Severity Before” always represents your condition before your first session.

Step 2: After Each Session

Your provider will fill in progress notes, observations, and any changes after each session. This allows us to monitor improvement and adjust focus as needed.