

# CONFIDENTIAL INTAKE INFORMATION

This form is held in strictest confidence and is for the support of your private session by your certified Sacred Anatomy Energy Medicine (SAEM) Practitioner, Zan LeCourt. 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:
3	Address:	
4	Sex:	Age: Birth Date: Birth Location:
5	Astrological Sign:	Chinese Sign: Birth Order:
6	Relationship Status:	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 daily spiritual practice?	What is it?
13	List your current medications	
14	Hospitalizations?	Details:
15	Do you participate in regular physical activity?	If yes, what is it?
16	What is the current state of your mental health?	
17	Are you currently or have you ever been in psychotherapy? If so, describe focus:	
18	Have you ever been diagnosed with a neurological condition or mental illness? If yes, provide details.	
20	What treatment did you receive?	

21	Did you or have you ever taken antidepressants, anti-anxiety or anti-psychotic medications? If yes, provide details.	
22	Do you or have you ever used plant spirit medicine or psychedelic drugs? If yes, provide details.	
23	Have you ever been diagnosed with any major disease? If yes, provide details.	
24	What is the current state of your physical health?	
25	Describe your diet:	
26	How much do you ingest: Sugar?	Caffeine?
27	List the supplements you take:	
28	Do you smoke cigarettes?	How much?
29	Do you use Marijuana?	What form, how much, medical?
30	Do you drink alcohol?	What, how much, how frequently?
31	List your current issues, (physical, emotional, psychological, and/or spiritual) and duration:	
32	Who is on your support team?	
33	What is your vocation?	Avocations?
34	State your intention for this session:	
35	How did you hear about Sacred Anatomy Energy Medicine (SAEM)?	

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 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 *Zan LeCourt* harmless, and I personally take full responsibility for my experience, releasing all others of responsibility for my well-being.

I also understand that emailing this completed form is the equivalent of a signature of acceptance.

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*Signature*

*Date*