TRIAD
Health Center

Client Name: _____

Appointment Date: **M** ○ **T** ○ **W** ○ **Th** ○ **F** ○ _____ **Time:** _____ **AM** ☐ / **PM** ☐

EMOTIONAL RELEASE THERAPY INTAKE FORMS

What is Emotional Release Therapy?

Emotional Release Therapy (ERT) is a powerful method of finding and releasing trapped negative emotions that have been stored in the body through our subconscious minds' desire to protect us from further suffering. These trapped emotions cause pain, self-sabotage, emotional problems and all kinds of malfunction and disease, such as pain, anger, depression, chronic fatigue, PTSD, phobias, or panic attacks.

Through utilizing muscle testing, ERT gently bypasses the conscious mind and goes straight to the energetic gatekeeper itself: the subconscious. Once permission is given by your subconscious, releasing the trapped energy is relatively quick and easy. By process of elimination, your body will reveal what needs to be released. Layer by layer, you can chip away at emotional barriers that you didn't even know you have been carrying. No need to rehash past pain or traumatic events. You are in control of your session. You can share as much or as little as you choose.

The ultimate desire for each session is to release anything that is no longer serving your highest and best interest and to help you return to enjoying more love, freedom, success and greater connection.

What will occur?

Be sure to arrive at least 10 minutes early for your appointment to allow time for parking, checking, and finishing any forms, especially if you need assistance completing this paperwork.

At your first appointment you will meet with practitioner Linda Hood, CECP CBCP, 1-on-1 for an in-depth review of your intake paperwork, history, and discussion of your needs and goals through Emotional Release Therapy.

Following your consultation, you will receive a 30-minute Emotional Release Therapy session to begin addressing your needs and goals.

The length of the entire first appointment is typically 70-90 minutes.

Following your initial visit, your practitioner will recommend any additional testing and customize a care plan for you based on your body's needs and goals.

What do I need to bring?

Bring this packet of intake paperwork fully completed. You may like to bring a notebook, pen and water bottle with you.

>> Where are you located?

Triad Health Center, 301 Pisgah Church Road, Suite H, Greensboro, NC 27455. We are in the Shoppes at North Elm, next door to EPIC Chophouse. Call if you need directions: 336-288-4677.

What is the policy for rescheduling this appointment?

If you are more than 10 minutes late for your appointment or do not have your paperwork completed or with you, the appointment is considered cancelled. You may reschedule this appointment up to 24 hours in advance. Outside of a catastrophic occurrence, you will be charged for any less-than-24 hour cancelations, late arrivals, or no-shows.

EXPECTATIONS

Do you ever feel that you are struggling under the weight of something that you can't quite put your finger on? Perhaps your life or your relationships are not turning out how you wanted. You may wish that certain events in your past had never occurred. You may even have an uneasy feeling that your present is somehow being held hostage by your past in some vague and indefinable way.

People often sense that they are having emotional issues, but struggle to overcome what they are feeling. The feelings that seem to be in their way are often due to their trapped emotions.

My clients are usually amazed to find out that their emotional baggage often consists of discrete energies that became trapped during emotional events they experienced in their past. They are even more amazed to see how easily these energies can be found and removed and by how different they feel when they are freed from them!

Emotional Release Therapy (ERT) is the simplest way to get rid of your emotional baggage, helping you feel freer, happier, and healthier.

How does Emotional Release Therapy work?

The subconscious mind knows just what you need to be happy and healthy! ERT combines 3 main elements:

1. Specific questioning and muscle testing (applied kinesiology) to find information about trapped emotions from the subconscious mind.

2. Intentional prayer and non-invasive energetic connection with your body.

3. The ancient principles of energy healing to bind and release the uncovered trapped emotions. The trapped emotion is instantly released, never to return.

What can I expect?

Most people say ERT helps them feel lighter and more free, but I frequently see the disappearance of major health and emotional issues, too! Your results will depend on how many trapped emotions you have and how quickly your body responds after they are removed.

Releasing trapped emotions can help restore balance to your body, enhancing your body's natural healing ability. This means you will be better able to recover gently from your ailments. And less interference in the body gains you a stronger immune system, too!

What is muscle testing?

Muscle Testing is simply kinesiology, a form of biofeedback that is useful for connecting with the subconscious. Doctors have been using this technique since the 1940's. Muscle Testing is performed lightly and delicately to detect a slight change in the strength of the muscle when certain emotions are brought to the forefront of your consciousness.

Make room for good energy to fill your home, business, relationships and life!

Linda Hood

Linda Hood, CECP, CBCP, CNHP, CPT

Policies & Procedures

Welcome to Triad Health Center! Please review the information below. **Sign your initials next to each line item below** to indicate you understand our office policies before moving forward, and please sign and date the bottom of this form as acknowledgement and acceptance of the patient policy contents listed below.

_____ **PAYMENT POLICY** Payment for all services and products is due at the time of the visit. As the patient, you are responsible for the total charges incurred for each visit. We accept Visa, Mastercard, Discover and American Express credit cards, debit cards, checks, and cash for payment, as well as HRA, FSA, HSA and Christian Health Share. There will be a charge of $25.00 for each returned check.

We do not directly bill these services to health insurance. If you are seeking a method of reimbursement, you may request an itemized receipt as needed following each payment, and will be supplied by email within 72 business hours of receiving your request.

We may recommend natural and alternative supplements, which may be purchased from Triad Health Center. Most insurance companies do not cover the supplemental items that we recommend and sell. FSA, HRA, and HSA may or may not cover the supplemental items that we recommend and sell, and it is your (the client's) responsibility to research coverage and communicate with the FSA / HRA / HSA company regarding coverage.

_____ **ARRIVAL POLICY** For all appointments, be sure to arrive at least 10 minutes early to allow enough time for parking, checking, and fill out any necessary paperwork. Early arrival allows for a relaxed and unhurried experience. If late arrival is inevitable, your session may need to be shortened in order for the practitioner to stay on schedule. The original reservation fee will be charged.

_____ **LATE ARRIVAL POLICY** We regret that late arrivals will not receive extension of scheduled appointments. In special cases, and when the schedule will allow, we may be able to accommodate a partial or full appointment. The original reservation fee will be charged.

_____ **RESCHEDULE & CANCELLATION POLICY** We require at least 24 hours notice if you need to reschedule or cancel a session. If a client fails to cancel within 24 hours, they will be asked to pay in full the amount of this missed session, and use it as a pre-payment for future services. An additional missed appointment charge of $20 will be assessed. **Cancellation and reschedule requests must be received via phone at 336-288-4677.**

_____ **NO SHOW POLICY** Clients who fail to show for appointments will be asked to pre-pay for future services and an additional missed appointment charge of $20 will be assessed.

_____ **CONFIDENTIALITY POLICY** The discussions between the ERT practitioner and the client is confidential and is protected by state laws and the Health Insurance Portability and Accountability Act (HIPAA).

_____ **BREAK IN CARE POLICY** Clients who we have not been seen at Triad Health Center for Emotional Release Therapy for a year or more will be asked to fill out this form again.

_____ **COMMUNICATION POLICY** I give permission for the staff at Triad Health Center to contact me via telephone, text or email and to leave me messages that may contain appointment or medical information if I am not available.

I have read and understand the above stated policies and will comply with them in all aspects.

_____ _____

Client's Signature Date

Client's Printed Name: _____

CONSENT & RELEASE OF LIABILITY

1. I understand that the Emotional Release Therapy techniques known as Emotion Code and Body Code (hereinafter called "these methods"), as taught by Dr. Bradley Nelson, and as practiced by the practitioner Linda Hood CECP CBCP (hereinafter referred to as "Practitioner"), seek to identify and eliminate underlying imbalances by releasing energetic imbalances in the areas of energy, circuitry, pathogens, structure, toxicity, and nutrition. These methods of energy healing promote harmony and balance within, relieving stress and supporting the body's natural ability to heal. Energy healing such as these methods is widely recognized as a valuable and effective complement to conventional medical care.

2. I understand that releasing trapped emotions, or the correction of any other energetic imbalance using these methods as practiced by the Practitioner, **is not a substitute for medical care.** This information is **not intended as medical advice** and **should not be used for medical diagnosis or treatment**. Information received is **not intended to create any physician-patient relationship**, nor should it be considered a replacement for consultation with a healthcare provider, nor is it meant to replace any medical treatments as ordered by any physicians nor any other medical care you have been advised to seek by them. I further understand that these methods are **not a replacement for any professional psycho-therapeutic or counseling sessions** in the treatment of any mental health issues or disorders.

3. I understand these methods are a gentle, complementary energy-based approach to health and healing that may be accomplished through the use of light physical contact to the back or head (Governing Meridian) with a hand or magnet. I give consent and permission to Practitioner to conduct these methods to balance my energy system, knowing it may include light touch and / or stroking or touch at various points on my body. I have been made aware that I may decline any physical contact, change my consent to physical contact at any time, or leave. I also understand that should I choose not to have any physical contact, I have the option to give consent for Practitioner to act as "proxy" for me so that I may still enjoy the benefits of a session.

4. I understand that if Practitioner makes any suggestions regarding supplementation of any kind, such as vitamins, minerals, herbal preparations, or any compounds or any other external remedy of any kind, that I use or ingest any such at my own risk, with the recommendation that I seek the advice of a physician before using any remedy suggested by Practitioner.

5. I understand that in approximately 20% of sessions, the release of trapped emotion(s) or other energy(s) may result in "processing," where echoes of the emotion(s) or other energy(s) released may manifest in temporary physical or emotional discomfort, and that this "processing" appears to be a normal part of regaining energetic balance. I understand that most people process the energy released very easily with no discomfort, however, occasionally, there may be some symptoms that come along with "processing," such as emotional irritability, fatigue, headache or nausea. I understand that my personal results following each session depend on what emotions released from my body, my stress level and other external factors in my day-to-day life. I understand that I am to contact Practitioner immediately if any processing work is too uncomfortable so that she may help me.

6. I understand that **Practitioner makes no claims as to healing or recovery from any illness I may have now, nor the prevention of any illness I may have in the future**, and that no guarantee is made towards validity. I further understand that the use of any information I receive is at my own risk.

7. I understand that **if I have health concerns, I am recommended to seek advice from an appropriate medical provider** before making any decisions about my health, and that this information is offered as a service and is not meant to replace any medical treatment.

8. I understand that these sessions are confidential, and that any personal information would be used anonymously for educational and research purposes only, subject to any exceptions governed by laws of the State of residence of Practitioner, or of Federal laws and regulations, and that identifying personal information such as my last name and city will be deleted to maintain my privacy, unless required by law.

9. I understand that I am advised to be self-informed about these methods by visiting Dr. Bradley Nelson's website: www.healerslibrary.com or by reading his book *The Emotion Code*.

10. Except in the case of gross negligence or malpractice, I and my representative agrees to fully release and hold harmless Practitioner Linda Hood, Triad Health Center, and all owners and employees of Triad Health Center for and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session. My questions have been answered to my satisfaction regarding Practitioner's background.

11. I understand that by signing this form, I fully consent to participating in Emotional Release Therapy session(s) with Practitioner.

Client's Signature

Date

Client's Printed Name

TRIAD Health Center

EMOTIONAL RELEASE THERAPY INTAKE ASSESSMENT

Name:		**Date:**			
Address:					
City:		**State:**		**Zip Code:**	
Home #:		**Cell #:**			
Email:					

DOB:		**Gender:**	☐ Male ☐ Female

Status:

☐ Married	☐ Widowed
☐ Separated	☐ Single
☐ Divorce	☐ Partnership

I live with:

☐ Spouse	☐ Children
☐ Partner	☐ Friends
☐ Parents	☐ Alone

Education:

Occupation: **Hours / Week:** ☐ **Retired**

In case of emergency, whom should we contact:

Name	**Relationship**	**Phone**

How did you hear about our Emotional Release Therapy program?

Have you experienced Emotion Code or other energy therapy before? ☐ YES ☐ NO

What are your major complaints / symptoms? Please list when each began, providing as much description as possible. Then rate your level of severity / distress / overwhelm / pain for each.

Complaint 1: Began:

On a scale from 0 to 10, with 0 being no symptoms and 10 being most severe, rate the level of severity you are experiencing this complaint / symptom. Mark your rating below:

(no symptom) ○ 0 ------ ○ 1 ------ ○ 2 ------ ○ 3 ------ ○ 4 ------ ○ 5 ------ ○ 6 ------ ○ 7 ------ ○ 8 ------ ○ 9 ------ ○ 10 (severe)

What (if anything) triggered the onset of this problem?

What (if anything) triggers an episode?

What have you done to treat it in the past?

Please list any family members who have / had similar problem:

Complaint 2: Began:

On a scale from 0 to 10, with 0 being no symptoms and 10 being most severe, rate the level of severity you are experiencing this complaint / symptom. Circle your rating below:

(no symptom) 0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8 ------ 9 ------ 10 (severe)

What (if anything) triggered the onset of this problem?

What (if anything) triggers an episode?

What have you done to treat it in the past?

Please list any family members who have / had similar problem:

Complaint 3: Began:

On a scale from 0 to 10, with 0 being no symptoms and 10 being most severe, rate the level of severity you are experiencing this complaint / symptom. Circle your rating below:

(no symptom) 0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8 ------ 9 ------ 10 (severe)

What (if anything) triggered the onset of this problem?

What (if anything) triggers an episode?

What have you done to treat it in the past?

Please list any family members who have / had similar problem:

Complaint 4: Began:

On a scale from 0 to 10, with 0 being no symptoms and 10 being most severe, rate the level of severity you are experiencing this complaint / symptom. Circle your rating below:

(no symptom) 0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8 ------ 9 ------ 10 (severe)

What (if anything) triggered the onset of this problem?

What (if anything) triggers an episode?

What have you done to treat it in the past?

Please list any family members who have / had similar problem:

Complaint 5: Began:

On a scale from 0 to 10, with 0 being no symptoms and 10 being most severe, rate the level of severity you are experiencing this complaint / symptom. Circle your rating below:

(no symptom) 0 ------ 1 ------ 2 ------ 3 ------ 4 ------ 5 ------ 6 ------ 7 ------ 8 ------ 9 ------ 10 (severe)

What (if anything) triggered the onset of this problem?

What (if anything) triggers an episode?

What have you done to treat it in the past?

Please list any family members who have / had similar problem:

Do you occasionally or often experience any of the following?

- ☐ Depression
- ☐ Crying
- ☐ Feeling empty
- ☐ Physical aches & pains
- ☐ Fear
- ☐ Sleep problems
- ☐ Eating problems
- ☐ Stress (work)
- ☐ Stress (home)
- ☐ Mood swings
- ☐ Anxiety
- ☐ Anger
- ☐ Panic attacks
- ☐ Alcohol / drug use
- ☐ Memory problems
- ☐ Hormonal imbalance
- ☐ Relationship difficulties
- ☐ Limiting beliefs
- ☐ Anger
- ☐ Phobia
- ☐ Other, please explain:

What are your long-term health goals?

Is there an area in your life you would like to see change and/or improve (e.g. work, marriage, parenting)? Please describe:

What is your desired outcome from today's session?

Are you under the care of a doctor, psychotherapist, counselor or other health care practitioner at this time? If so, please list name(s) and phone number(s):

What are your current medications?

What are your current vitamins / supplements?

Please list past or present allergies, including allergies to medications.

Are you currently pregnant? ☐ Yes ☐ No **Do you have a heart condition?** ☐ Yes ☐ No

Do you have any of these devices?

☐ Pacemaker ☐ Implanted Device ☐ Hearing Aid ☐ Insulin Pump ☐ No, none

Please list your current and past health conditions, injuries, surgeries, or trauma that may be affecting your health now (e.g. diabetes, fibromyalgia, car accident, abuse, divorce, job loss):

Is there anything else in your medical history, emotional history or past trauma that you consider to be relevant (even from childhood)?

Is there anything else you would like to share that if improved upon could help you to feel more joy and fulfillment in your life?

Family Information (used to identify Inherited Emotion lineage)

Spouse's / Partner's first name or initials:

Children first names or initials:

	Age		Age
	Age		Age
	Age		Age

Stepchildren first names or initials:

	Age		Age
	Age		Age
	Age		Age

Sibling first names or initials:

	Age		Age
	Age		Age
	Age		Age

Mother's first name: Father's first name:

Stepmother's first name: Stepfather's first name:

Maternal Grandmother name: Maternal Grandfather name:

Paternal Grandmother name: Paternal Grandfather name:

Anything else you feel I should know? Do you have any questions for me?

YOU HAVE COMPLETED YOUR INTAKE FORMS

Please bring these forms with you to your appointment or return your completed PDF file to us by email at least 2 hours prior to your scheduled appointment time: staff@triadhealthcenter.com