

New ABET Client Information & Disclosure Form

Full Name: _____

Date of Birth: _____

Phone	Email
Address [include street, city, state, zip and country if not USA]	
Emergency Contact Name:	
Emergency Contact Phone:	

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18, unless required by law.

List treatments or medications you are currently receiving *(use back of form if additional space is required):*

Medication or Treatment Type	Dosage Frequency	When started

Other comments and history or other relevant information *(use back of form if additional space is required):*

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Are you currently under the care of a physician? No ___ Yes ___ Physician's Name & Contact Number:

Do you have a specific area of concern?

Are you sensitive to touch?

How did you hear about us?

I understand that:

- My Asian Bio-Energetics (ABET) practitioner is not a licensed Medical Doctor, TCM practitioner, or Acupuncturist.
- The services provided may not be licensed in this state or regulated by a governmental body.
- ABET practitioners do not diagnose conditions, do not prescribe substances, do not perform medical treatment, do not use needles, and do not interfere with the treatment of a licensed medical professional.
- ABET does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have.
- The self-regulated holistic treatments and client-centered disciplines which your practitioner is trained in and which s/he has experience include Asian Bio-Energetic Therapy (ABET), Time Line Therapy™ techniques, Neuro Linguistic Programming (NLP), Reiki, Ho'oponopono, Yoga Nidra, coaching and consulting.
- We will always provide only those services in which we have been trained, and if we find that we cannot help you, we will refer you to a licensed person who can assist you.

I acknowledge that prior to my ABET session, I received an oral explanation of ABET.

Print Name	Signature	Date

