VIC Chiropractic Intake Form NeuroEmotional Adults

Personal Information	on		
Legal first name		Last name	
Preferred first name			
Middle name			
Street		Unit	
City	State/Province		Postal code
Home phone	Mobile phone		Email address
Date of birth			
Gender			
Male Female			
Occupation and Ref	ferral		
Occupation		Hours per wee	ek
Referred by			

In case of emergency, who should we contact?					
Legal first name		Last name			
Relationship					
Home phone	Mobile phone		Email address		
What brings you in for Neur	o Emotional A	djustment tod	ay?		
			Voc	No	
Have you experienced this i	ssue before?		Yes	NO	
What goals or outcomes wo	uld you like fr	om NeuroEmo	tional adjustment?		
1.					
2.					
3.					
Please check any of the foll	owing you've	experienced re	cently or in the pas	t:	
Anxiety		Panic attacks			
Depression		Emotional trauma			
Phobias or irrational fears		Unexplained anger or irritability			
Nightmares or intrusive memories		Feeling stu	uck or emotionally ทเ	ımb	
Other (explain below)					
Explain "Other" answer her	e:				

Do you currently take medications that affect your mood, sleep, or stress response?

Yes

No

NEURO EMOTIONAL ADJUSTMENT & TECHNIQUE INFORMED CONSENT

The effect of emotions on health is well documented in scientific literature and for over 100 years chiropractors (since 1895) have attributed emotions to being one of the three causes of a misaligned vertebra (a vertebral subluxation). One specific method, Neuro Emotional Technique (NET), was developed in 1988 to treat vertebrae that misalign/subluxate in an acquired reflex to unresolved emotional triggers. Another is Neuroprocessing through Koren Specific Technique (KST).

NET, KST, and similar are interactive processes that require your participation. The chiropractor is a facilitator, helping your body identify and release stuck emotional stress patterns. NET, etc. does not involve needles, and while memories or feelings may come up, you are always in control and never required to discuss anything in detail.

During your session, your provider may gently touch or ask you to touch certain points on your body, such as the wrists, back, or abdomen. If any sensitive area might need to be addressed (such as around the navel), your provider will always ask for verbal consent before proceeding.

NET does not deal with *HISTORICAL* reality but with *EMOTIONAL* reality. Any conceivable life experience may be the subject of an unresolved emotion. Such experiences may include but are not limited to those appearing below. The Patient is in complete control and can discontinue the treatment if any topic arises which the Patient does not wish to discuss or pursue. Occasionally, Patient's may become emotional during or after an NET treatment or feel tired. This is perfectly normal and can be likened to the purging effect of coughing or sneezing. Appropriate referrals to other Health Care Professionals are made where needed.

Topics that may arise during an NET Treatment:

Neuro Emotional Adjustments & Technique help the body release unresolved stress responses tied to past experiences — both big and small. While each session is unique, the process may bring up memories, thoughts, or feelings related to:

- Family relationships and childhood experiences
- School, work, or performance stress
- Self-image, confidence, or decision-making
- Beliefs around health, money, success, or failure
- Life transitions like loss, divorce, or moving
- Fears, phobias, or past emotional wounds
- Social, cultural, or spiritual experiences
- Thoughts around control, safety, or identity

NET does **not require you to talk in detail** about anything that surfaces. The goal is to help your body process old emotional patterns — without judgment or storytelling — so you can move forward with more clarity and ease.

NET recognizes that unresolved emotional stress may also be connected to other areas of wellbeing — including structural issues, chemical/nutritional imbalances, or environmental toxins. If relevant, your provider may offer suggestions related to diet, supplements, or physical care as part of your broader healing process.

Please read and check each box to indicate your understanding and agreement.

	l understand and agree.
I understand that Neuro Emotional Adjustments & Technique (NEA&T) is a stress- reduction technique & not psychotherapy or counseling.	
I understand that while emotional memories may surface during NEA&T, this is not intended to resolve trauma or substitute for therapy.	
I understand that muscle testing and light touch may be used during my session, and I can withdraw consent at any time.	
I understand that NEA&T may bring up temporary fatigue or heightened emotions, and I take full responsibility for my emotional wellbeing.	
I understand that any memories accessed may reflect emotional perception rather than objective fact ("emotional reality").	
I understand that if at any time my provider feels that NEA&T is not an appropriate approach, the session may be paused or discontinued.	
I agree not to intentionally influence muscle testing and will remain open to the process.	

Client Authorization and Consent
I have read and understand the information above. I consent to receive Neuro Emotional Adjustment & Technique as part of my care at Valley Integrative Chiropractic. I understand I can discontinue at any time.
X
Print name: Date: