** New Client Intake Form**

Name Click here to enter text. Date Click here t

Address

Email Click here to enter text.

Phone Number

How did you hear about my services?

 Click here to enter text.

Have you had a healing treatment before? Click here to enter text.

If yes, approx. date of last session & modality used Click here to enter text.

What is your goal for today’s session Click here to enter text .

Do you have any difficulty lying on your back or stomach for the duration of the session?Click here to enter te

Please list any allergiesClick here to enter text.

Are you sensitive to essential oils, smudge, or any scents in particular? Click here to enter text.

Do you have any words you prefer in regards to your spirituality, any words you dislike?

 Click here to enter text.

Are there any particular areas of your body that are in pain, or that need special attention?

Click here to enter text.

Are there any emotional difficulties that you have been experiencing?

Click here to enter text.

Do you have any comments or questions before we begin? Choose an item.

Your task is not to seek for love, but merely to seek and find all the barriers within yourself you have built against it ~Rumi

By signing below, you are acknowledging that you understand the following, are in agreement with the following, and have received the Complementary & Alternative Health Care Client Bill of Rights.

\*Energy healing, craniosacral therapy, and massage are in no way a substitute on any level for medical care from a qualified physician, or mental health care from a qualified mental health professional. Please see an appropriate healthcare provider for diagnosis and treatment of any suspected medical condition that you might have.

\* Your practitioner does diagnose illness and as such does not prescribe medical treatment, pharmaceuticals, herbal or homeopathic remedies, or perform any spinal manipulations.

\* You are of sound emotional, mental, and physical health and are able to take full responsibility for your experience.

\* You are receiving these services entirely at your own risk.

\* The **only treatment objective** is to eliminate major interference to the expression of the body’s innate wisdom.

SignatureClick here to enter text. DateClick here to enter text.

Printed NameClick here to enter text.

Notes

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