

Intuitive Counseling/Life Coaching SESSION INTAKE FORM

Name: (Please Print) _____

Phone: _____

Address: _____

City, State, Zip: _____

Email: _____

How did you hear about us? _____

Have you ever had an Intuitive guidance session, or Energy healing before? __ Yes __ No

If yes, when was your last session? _____

What are you hoping to achieve through Intuitive guidance?

Statement of Practice:

I understand that Intuitive counsel / guidance, life coaching and Energy work are not therapy, psychiatry or psychology. I understand that Intuitive counsel / guidance and life coaching is intended to advise and facilitate my own healing processes, life improvements and enhancement. I understand that Intuitive Counselors or Life Coaches do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe medications or substances, or interfere with the treatment of a licensed medical professional. No medical diagnosis or medical treatment will be given. I understand that Intuitive Coaching and Life Coaching Sessions do 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. I understand that holistic and metaphysical, Intuitive, coaching and energy work approaches can complement medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term life and health issues sometimes require multiple sessions, combined with my own efforts in order to create meaningful changes. I understand decisions are not made for me and consent to these services.

Privacy Notice:

Information shared and discussed during sessions are kept strictly confidential and held in accordance with legal standards. No information about any client will be discussed or shared with any third party. The information you receive, and the discussions within sessions, are private and strictly your own. Your personal information will be used only to provide you with our services and to give you information relating to our services. We will not share your personal details with any other person or organization without your knowledge and permission, unless there is a legal requirement, if there is a child or adult safeguarding issue, or a perceived risk of harm. We value and appreciate your business.

Signed: _____ Date: _____

Name: _____