



Mind Body Spirit Release™ Intake Form

Name:

First name

Middle name

Last name

Email:

Cell Phone:

Address:

Male Female Date of Birth _____/_____/_____

Marital Status: Single // Engaged // Married // Divorced // Widow(er)

Children? Yes No *If yes, how many?* _____

Profession:

What are your goals? Are there any areas you want to change the most? Are there any areas you are not open to change?

What has prohibited you from reaching these health goals? *Convenience, finances, habits, priorities, accessibility, family, work?*

Are you under significant stress? If yes, for how long? Please give us details that you think are relevant (is the stress physical, personal, professional?)



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What are your stress management strategies?

How would you describe your spiritual life?

Do you have prior experience with energy work? If so, what kind?

Please list any medications or supplements you are currently taking (and for what reason):

Is there anything in your history that you think we should be aware of such as conditions, diagnoses, or surgeries? Please include any history of seizures, blood clotting disorders, your pregnancy history and miscarriages, and if you currently have a menstrual cycle.

Client Statement

I understand that I am here to learn about holistic health and spiritual practices. The services are at all times restricted to consultation on the subject of holistic health matters intended for the maintenance of the best possible state of energetic and spiritual well being, are never intended to be a replacement for professional counseling/therapy and do not involve the diagnosing, treating, or prescribing of remedies for disease. I recognize that the practitioner is not a medical doctor or licensed therapist. The information on this intake form is confidential.

Signature

Date

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