



Client Session Intake Form

What would you like to work on today?

ASTRAL

Give me some examples of when this [issue, behavior, pattern, theme, emotion] occurs for you. How does it make you feel?

Are there specific people with whom this [issue, behavior, pattern, theme, emotion] plays out? Does this [issue, behavior, pattern, theme, emotion] stem from your childhood or family of origin? (for cord clearing, programming, karma, agreements, contracts)

Where do you feel the [issue, behavior, pattern, theme, emotion] in your body? Correlate to chakras for clearing purposes.

Are there other emotions, behaviors, people or experiences that come to mind that you think may be connected to what we're working on today?

ETHERIC

Tell me about your diagnosis or physical issue. Describe the symptoms, pain, Rx, prognosis, medicines, supplements, treatments that you're currently receiving.

Have you tried other modalities for this issue? What was the result?

How long have you been dealing with this issue, diagnosis, disease, illness?

Are there any other physical concerns you would like me to address?

[Depending on your modality offerings, there may be other questions related to nutrition, diet, supplementation, remedies, exercises or therapies that you would also ask.]

Is there anything else that you think is important for me to know to support your healing and evolution?

Determine & get buy-in to client intention. [You drive the intention. Make it short, concise, evolutionary and progressive, an I Am statement. Present it to client for agreement and buy-in.]

Two important questions for Remote Sessions:

How tall are you?

When you lie flat on your back, what do your feet do? Stay straight up, flop to the sides, tilt slightly to the side?

Confidentiality:

Your circumstances, issues and the course of treatment that we undertake together is confidential. The only exception is that, I receive supervisory consultations with an instructor at the Energy Healing Institute as an aspect of my ongoing training and professional development process. If I need to talk about the work I do with you I will do it in a respectful way that protects your identity.

Informed Consent:

[If you are not trained to provide psychotherapeutic support or do not have a license to confer a physical or emotional diagnosis, you must include the paragraph below:]

I am not trained to provide psychotherapy or make any kind of emotional or physical diagnoses. If, during the course of our work together, you need additional help, I will refer you to other providers as appropriate or suggest you confer with a licensed professional to support your process.

Agreed to and accepted:

Client Name

Date

Client Signature