

## Intuitive Spiritual Healing Intake Form

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ E-mail \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_ Ever Divorced? \_\_\_\_\_

Name of Spouse \_\_\_\_\_ Spouse's Age \_\_\_\_\_ Years Married \_\_\_\_\_ # of children \_\_\_\_\_

List children and their ages **starting with the oldest:** 1) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

3) \_\_\_\_\_ 5) \_\_\_\_\_

List all brothers and sisters, deceased or alive, **starting with the oldest and including yourself:**

1) \_\_\_\_\_ 3) \_\_\_\_\_ 5) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_ 6) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Highest level of education \_\_\_\_\_ Spiritual/Religious Affiliation \_\_\_\_\_

How would you rate your health? \_\_\_\_\_ Date of last medical exam \_\_\_\_\_

Presently taking any medication? \_\_\_\_\_ What kind? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Have you ever had counseling/spiritual direction before? \_\_\_\_\_

If yes, list names and dates seen: 1) \_\_\_\_\_ 2) \_\_\_\_\_

What crisis or need led you to seek counseling or spiritual direction at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please continue on other  
page)

In your own words, describe what you hope to accomplish/receive through this process. \_\_\_\_\_

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## **Intuitive Spiritual Healing**

Intuitive Spiritual Healing is a complementary therapy in which the healing power of prayers, visualizations, affirmations and meditation are applied to overcome life's challenges. These techniques strengthen the client's innate healing ability. This system is not limited to any religion or spiritual background in particular, but rather honors the client's spiritual belief system. It is the organic, often non-linear, nature of this psycho-spiritual process that it is facilitated and encouraged during the session. As it is in most therapies, it is not unusual that this process may entail periods where clients feel worse rather than better in the process leading to a deeper, lasting change and freedom.

## **Confidentiality**

Information about intuitive spiritual healing is confidential and will not be discussed or released to anyone unless consent to release information. Please note that we are required by law to inform family members, the police, and others when there is sufficient cause to believe that a life is in danger, or when you appear suicidal. We are also required by law to report child abuse, child sexual abuse, elder abuse or intentions to harm others. If you have any questions or reservations about the policy in regard to confidentiality, then the policy should be discussed before signing below. By signing below you consent with these guidelines and are accepting the confidentiality policy, its limits and exceptions.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_