BlossomFlourishThrive

Client Intake Form

Name_____

Address_____

City/State_____Zip_____

Best contact number: (Home/Cell/Work)_____

Email _____

Date of Birth_____ Age_____ Male___ Female___

Religious/spiritual
preference_____Occupation_____

Referred by_____

Please list any relevant medical conditions or history, medications, and phobias

_____
_____
_____
_____
_____

Indicate any issues you would like to address in this or future sessions;

Health ___ Blocks to Progress ___ Self Esteem___ Stress/Anxiety ___

Self-Sabotage ___ Relationships ___ Life Purpose ___ Sleep ___ Pain___

Other:

_____
_____
_____
_____

Please understand that all information is held in strict confidentiality to the full extent of the law. It is important that the client builds a strong sense of trust with the practitioner. If there is anything further you would like to discuss with me before the session, or any boundaries that you would like set to ensure your comfort and relaxation, please bring these issues to my attention.

Please be advised that payment, by cash, check , credit card, or Paypal (sopriceles@gmail.com) is expected at the time of service. Please give 24-hour notice of cancellation of appointment. For any appointment missed or canceled without 24-hour prior notification, there will be a one-hour charge to the client.

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I understand that Sylvia Korte is not qualified to give legal, financial, or medical advice.

I understand that a session can consist of a variety of alternative healing support modalities that may include, but not be limited to, hypnotherapy, dialoguing, reiki, intuitive healing, energy reading, chakra balancing, sound therapy (music, crystal bowls, toning, affirmations), guided visualizations crystals/gemstones tarot, pendulum(unless otherwise specified & agreed upon by client and practitioner prior to session).

I understand that a session is not intended to be in conflict or competition with other treatments or therapies, but is offered as a means of relaxation, balancing, and healing support to work in conjunction with other treatments or therapies. It is also recommended that I see a licensed physician or health care provider for any medical conditions that I may have.

I agree that I am solely responsible for any action that I take or refrain from taking in connection with the topics discussed during our session.

I have completed the Client Intake Form to the best of my ability and I have disclosed any mental or physical health problems that may be pertinent to the safe facilitation of a hypnosis session. I have also received and read the Notice to Counseling of Hypnotherapy Clients information and I understand the contents and implications.

Signature____Date________________
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