

Body Wisdom Energy Healing

Module 2

Part 6: The Intake Form

Professional Presentation

As you become more skilled in the process of healing, it will be time to begin to think about being professional as a healer. One of the ways you can facilitate this is the use of an intake form. This can be simple or complex depending upon your preference. It is a wonderful way to gather information that might not come up in general conversation at the beginning or during a healing. It is a way to gather background information, illness, drug, and doctor history, and personal data for advertising purposes. It is also a way you can communicate your philosophy with your clients without having to go into a long explanation every time. Your form can also include a "permission to practice" clause, where you have your client give you permission to give them a healing and sign it.

Below is a copy of what mine looks like. We will go over all the parts. I have included it in Word Document form on the classroom page, so you can use it, make adjustments and make it your own.

Celestial Forest Institute of Energy Healing & Shamanic Studies

Healing Client Intake Form

Kathy Forest, MS, CHt

Energetic Healing/Coaching, Hypnotherapy, Reiki Master

Client Background

Date:

Name _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Cell _____ Email _____

Sex _____ DOB _____ Marital Status _____ Occupation _____

Under mental health care? (circle one) **YES** **NO** *If yes, please answer the following:*

Clinical Diagnosis: _____ **Current Medication:** _____

Are you currently taking any other medication? _____

How long? _____

Issues I am currently working to resolve:

Have you ever sought help with the problem or other problems in the past? _____

If so, please give a brief history including dates, providers, and results:

Are you presently under the care of a physician or counselor for related/non-related issues? ____

If yes, explain:

Do you have any physical discomforts or challenges, and if so, what are they?

Have you had a problem with alcohol or drug use? ____ If yes, explain:

How did you find out about us? _____

2017 Fee Rate Structure and Policies

Basic Fee Structure

The fee for one energy healing/coaching session is \$90 for 60-minutes. First-time clients should plan for an hour and a half. The fee is \$150. Two hour sessions are available at \$200. Phone sessions are also available.

Past Life Regressions are \$135 and usually take 90 minutes.

Because Energy Work works best over time, I prefer to set up a series of appointments with you. If you schedule and pay for these in advance, they are \$75 for each 60 minute appointment.

Cash and checks are accepted. Credit cards are accepted with an additional \$10 processing fee.

If you are late for your appointment, you will be charged for the time your session was scheduled to begin. _____ Initial here.

Emergency Sessions

Although it is rare, there are times that I am available for an “emergency” session that may take place over phone. A flat fee of \$125 must be pre-paid via credit or debit card prior to the session. Time spent over one hour will be subject to additional fees.

Cancellations

If you must cancel your appointment, a \$30 fee will be charged. Cancellations within 48 hours of your session will be charged the full amount of your scheduled time. If you use text messaging to cancel and do not hear back from me, please do not assume that I have received the message. Call and leave a voice message. _____
Initial here.

If you are a regular client with a standing appointment, I accept a request to reschedule without a cancellation fee assigned.

All rates are current for 2018.

Method of Payment: Cash _____ Check _____ Credit Card _____ Other _____

Consent for Treatment

The purpose of this consent is to explain to you what I can do for you, and what you can expect. My belief about healing is that each of us is his/her own healer, and that healing comes primarily from within. I can assist you in your healing by doing various kinds of procedures that guide you to enhance your sense of well-being including intuitive counseling, energy coaching, hypnotherapy, Reiki, and energetic healing.

We may discuss the major stresses in your life, your belief systems, health history, your childhood, and other issues which have an influence on your emotional, physical, and spiritual well-being. These discussions will be kept confidential.

I am not a physician. Though I am qualified to be licensed in both Missouri and Kansas as a Professional Counselor, I refuse to do so, as I would be expected to diagnose and label individuals, and be at the mercy of insurance companies and HMO's. I don't agree with this philosophy of treatment and refuse to engage in it. I will, however, act as a spiritual guide and the voice of your body, and partner with you in your own healing process.

At all times, your healing is your responsibility. I am available to be your partner in this process, your committed listener, and your mirror. I do not advise you to discontinue any medical treatment you may be receiving. My work is intended to be in harmony with any other healing work that you undertake, including traditional medicine. Please feel free to discuss our work with your doctor or other health care provider.

I prefer to set up a regular schedule to work with you, but there is never an obligation to continue treatment. I would appreciate as much notice as possible if you ever have to reschedule an appointment.

In signing the Acknowledgment and Release below, you agree that we may work with you in the above described manner. I make no promises other than those outlined above. Most of my clients experience increased well-being and improvement in their condition; some have experienced what they describe as

complete healing. I cannot, however, promise you these things. I am not aware of any risks or negative side effects associated with these treatments.

Acknowledgement and Release

I, _____, hereby acknowledge that I have read the foregoing Consent for Treatment, am satisfied that I understand the nature of the treatments and freely elect to receive the same. I freely assume any and all risks of the treatment whether presently contemplated or inherent after discovered.

Client: _____ Date: _____