



Intake and Consent Form for New Clients

Name: _____

Birthday (day/month/year): _____

What prompted you to have this appointment? _____

What are you seeking help with? (If you seek a specialized service then please use this space to explain it.) _____

What are your goals:
- for this session? _____

- for your near and longer-term future? _____

Would you like to receive energy work (such as Reiki) during this appointment?
Yes / No

Does Jen have permission to work with your energy field and higher self? Yes / No

Have you received energy work before? Yes / No

If yes, then please list all modalities that you have experienced: _____

Would you like to receive life coaching during this appointment? Yes / No

If yes, then please explain your expectations for the coaching. _____

Would you like to receive homework that you can pursue, to continue supporting yourself after this appointment? Yes / No

Jen's passion is helping her clients connect with their soul, and she often uses terms that are considered "spiritual." She will, however, adjust the discussion based on your preferences. How "spiritual" are you? Please explain. _____

Is there any information that Jen should know in order to support you during this appointment? Please explain all that applies. This includes but is not limited to pre-existing medical or emotional conditions, and whether you take medication.

Please be aware that all information shared in the appointment is information only and does not constitute medical advice. If you require help from a medical professional, then you are encouraged to get it.

All information shared in the appointment is treated as being confidential. Jen will not share your information unless required by law to do so. However, Jen reserves the right to discuss publicly, in a manner that would not identify you by name, age, gender, or occupation, information that arose in your session that might be of benefit to the profession or the public.

If you receive an audio recording of your session, then you hereby agree to treat it as being confidential. You therefore agree not to share it publicly or in a public manner.

By participating in the appointment you agree to accept total responsibility for your complete health and wellbeing at all times and to release Jen Wozny and *Put The Light Here* from all liability that may be associated at any time with the services and information and otherwise that they provide. Unless otherwise agreed by both parties then the permissions given in this form will be applicable always.

Do you consent to these terms?

Yes / No