



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 healing during this appointment? Yes / No

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

Have you used energy-based healing practices before? For example: Reiki; Shamanism; Qi Gong; Healing Touch; Sound Healing; EFT (Tapping); Acupuncture; Transcranial Magnetic Stimulation. 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? For example, past or current: medical conditions, emotional conditions, illnesses, surgeries, medications. Yes/No

If you answered yes to the above question, then please explain: _____

You acknowledge that all information shared in the session is for information purposes 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 session is treated as being confidential. Jen Wozny will not share your information unless required by law to do so. However, Jen reserves the right to discuss publicly any information that arose in your session that might be of benefit to the profession or the public subject to the condition that such information has been anonymized to remove personally identifiable information such as your name, age, gender, or occupation.

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

You acknowledge and agree that Jen Wozny's Services are provided on an "as is" basis, without any warranties or representations express or implied, including without limitation, warranties of fitness for a particular purpose, quality or performance. Jen Wozny makes no warranty that her services will meet your specific objectives or needs.

By participating in the session, you agree to accept total responsibility for your complete health and wellbeing at all times, and in no event will Jen Wozny be liable for any incidental, special or consequential damages of any kind or nature howsoever occurring. Jen Wozny's total liability hereunder for damages or any claim brought by you, regardless of the form of action (whether under contract or tort, or otherwise), shall not exceed the total amount actually paid to Jen Wozny for services rendered under which that liability arose. These terms and conditions constitute the entire agreement between you and Jen Wozny with respect to the subject matter hereof and cancels and supersedes any prior understandings and agreements between you and Jen Wozny with respect thereto. Unless otherwise agreed by both parties then the permissions given in this form will be applicable always.

Do you accept and agree to all of the terms and conditions and otherwise listed in this form?

Yes / No

Accepted and agreed by:

Your Signature

Date