



## NEW CLIENT INTAKE & CONSENT FORM

Thank you for choosing InnerSpaces by Karen LLC for your session. I value your healing and want this to be the best experience possible for you. Please review my policies and procedures and tell me a little about yourself so we can guide your healing session.

This questionnaire is designed to build a foundation. I understand some things are best spoken and not written, so feel free to allow for this also. By responding to these questions as thoroughly as you can, you will be:

- Helping me get to know you
- Providing a historical background for present concerns
- Highlighting your main concerns

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Preferred Phone \_\_\_\_\_  Cell  Home  Work

Email \_\_\_\_\_

Would you like to join my mailing list? (I don't blast you, I promise!)  Yes  No

How did you hear about me? \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Marital Status \_\_\_\_\_ # of Children \_\_\_\_\_ # of Pets \_\_\_\_\_

Current profession \_\_\_\_\_ Do you enjoy your job?  Yes  No



**Treatment:** Please list any health conditions, medications/supplements, or special diets you would like me to know about (including restrictions, allergies, or any accommodations/requirements you may need):

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Do you have any family patterns of disease, addiction or illness?  Yes  No

Have you had any car incidents or surgeries?  Yes  No

Have you had any major losses due to death, divorce or separation?  Yes  No

Have you had any traumatic events that you are aware of?  Yes  No



Are you smell sensitive to essential oils in the air or smudge smoke?  Yes  No

Do you have an aversion to touch?  Yes, I prefer not to be  No, I'm okay with it

Have you had previous energy work? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Please list your intention for your session: \_\_\_\_\_

\_\_\_\_\_

Please describe any family history or personal history that may be relevant to your current healing intentions (such as substance abuse/addiction, mental illness, suicidal thoughts/attempts, abusive relationships, abortion/miscarriages, financial trouble, etc.):

\_\_\_\_\_

\_\_\_\_\_

What would your healing session need to provide for you to consider it successful? \_\_\_\_\_

\_\_\_\_\_

Do you have any other issues that may affection your session with me?

\_\_\_\_\_

\_\_\_\_\_



**Arrival:** Please arrive 5-10 minutes early so you are calm and ready for your treatment. I am not always able to extend the time of your session. Appointment duration will not be extended for late arrivals.

**Payment:** My skills are a gift, but my time is not free. Therefore, a fee for services is required. The fee for the first session is \$150 and must be made on the day the appointment is booked in order to hold your spot. You may pre-pay via Venmo or Paypal. There are no refunds.

**Cancellation:** Cancellations create a significant impact on my business due to its intimate size. If a cancellation should be needed, 24-hour prior notice is required; you can reschedule for another time within the next 6 months. Payment in full is required for any missed appointments without this cancellation notification.

**Consent & Release:** This form is an explanation as well as an agreement between the client and the healer. I believe that healing comes from within. My purpose is to assist in that healing through various practices, including various energy healing techniques such as working on the luminescent energy field which



surrounds the body, hands-on the body as well as the use of crystal healing. These will help to balance your energy, enhance your sense of well-being, and increase your self-awareness. These healing modalities encourage your body's own self-healing, but long-term imbalances may require multiple sessions in order to restore balance and mobilize the body's natural ability to heal.

I am not a physician and therefore do not diagnose conditions nor prescribe or perform medical treatment, prescribe drugs nor interfere with the treatment of a licensed medical professional. I will not advise you to discontinue medical nor psychological treatment you may already be receiving. Energy healing is widely recognized as a valuable and effective complement to conventional health care. Although this work is intended to be in harmony with traditional medicine or psychotherapy, it is not a substitute for medical or psychological treatment. What I can do is facilitate the release of energetic imbalances that may be contributing to mental, emotional, and/or physical issues. In the course of our work, we may discuss many of the issues which influence your emotional and physical well-being. These discussions will be kept confidential and I will not sell, rent or share any of your information with any third party.

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I, the undersigned, understand the above statements. I also understand that I have the right to ask questions and request at any time that my session be terminated. If I experience pain or discomfort at any point during the session, I will inform my practitioner so she can adjust things to my level of comfort. I understand that clothes are to be kept on at all points during the session and the conversation is to be kept minimal and professional. If at any point sexually suggestive remarks or advances are made, the practitioner has a right to terminate the session at the expense of the client. I affirm that I have answered all questions honestly. I will keep the practitioner updated on any medical conditions and there will be no liability should I fail to do so.

I understand that during the course of treatment, some symptoms or circumstances may be "activated". I may experience new symptoms as layers of work come up for processing and I may experience an exacerbation of existing symptoms as the work progresses. I recognize that these states are usually temporary and resolve with a completion of the work, but no guarantees can be given about their resolution. In receiving treatment, I am willing to assume the risk of this uncertainty. I also understand that this work can be transformative/catalytic and that I am responsible for acquiring the mental health support, aftercare, or integration work needed to process after the session.

In signing this document, you agree that your session will be facilitated in the manner described above. Most clients experience increased well-being and improvement in their physical and emotional condition. However, no promise of outcome can be made. There are no guarantees and no way to predict the results that will manifest either emotionally or physically.

I hereby acknowledge that I have read the forgoing CONSENT FOR TREATMENT and that I fully understand the nature of the treatments and voluntarily consent to the above procedures and services, realizing that no guarantees have been given regarding a cure or improvement of my conditions.

With this knowledge, I release the practitioner from any and all claims of malpractice, non-disclosure, or lack of informed consent.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please submit this form before your initial session including payment to secure your session.*