



Confidential Client Intake Form

Information provided assists healer to better serve a client during the session. The success of a session is directly affected by the willingness of the client to be open to his/ her own awareness, there are no guarantees made. The client accepts full responsibility for his/her own healing. Services offered by Accendo Mind Body & Soul LLC are not a substitute for professional services such as legal, financial, business, medical or psychological care. Please understand that although events in life can be "seen" the outcome can change if client decides to take different actions or makes different choices.

Name: _____

Address: _____

City: _____ State, Zip: _____

Phone: _____ Cell Phone Home Phone

E-mail: _____ Are you interested in e-mail specials & updates? Yes No

How did you hear about me? _____ If a referral please provide name: _____

Have you tried other holistic therapies? No Yes If yes, what type? _____

What do you wish to achieve with this session? _____

Do you have any fears about this session? _____

Medical History / Information

The following questions need to be answered honestly and to the best of your ability.

Are you receiving treatment for any medical conditions at this time? Yes No

If yes, please describe them: _____

Please list all over the counter and prescribed medications that you may currently be taking & reason why:

Please list all allergies or sensitivities (including smells):

Please list any abuse or trauma that you feel is pertinent for me to know:

Do you wear hearing aides? Yes No Do you have a pacemaker? Yes No
Can you lay on your back for long periods of time? Yes No Are you pregnant? Yes No

Signed: _____ Date: _____