



369 Amor Fati Healing Sessions and Services

Please complete as thoroughly as possible and email to me 24 hours in advance if possible. Sessions may be conducted remotely or in person.

Email completed form to: 369.Amorfati@gmail.com

Client Intake Form

Name:

Birthdate:

Birthtime:

Birth location:

Home Address:

Email Address:

Phone Number:

Please indicate preference of session: In person or REMOTE

Medical Information (Please fill in to your comfort level)

Do you have any conditions I should be aware of? If yes, please explain briefly.

Do you experience any chronic pain or issues? If yes, please explain briefly.

Are you experiencing new symptoms? Have your symptoms appeared in the last 2 (two) weeks?

Are these symptoms similar to symptoms you have experienced in the past? If so, when and for how long?

Is there anything else you would like to share with me?

Healing Information

If at any time during the session you wish to share insights or experiences you are having, please feel free to let me know as we are working together.

Have you had any holistic or natural energy treatment before?

How long ago and what was the outcome?

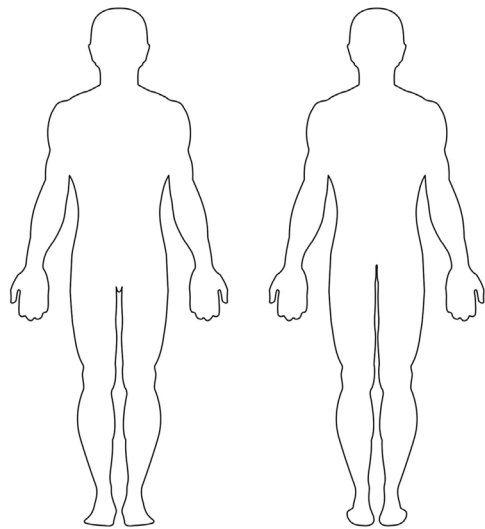
What are your goals for this session?

Emotional relief?

Physical relief?

Spiritual relief?

If applicable, please feel free to note any areas of concern on the chart image below



Front of body

Back of Body

Client Acknowledgement

By signing the below, you agree you have completed this form as honestly and completely as possible, and will advise if anything changes at any point. You understand energy healing is a non-invasive modality to assist and bolster your own ability to heal and does not replace urgent or essential medical care by a medical practitioner.

Client signature:

Date:

By signing the below, I agree to perform this session with you with pure lovingkindness, intention in order to support your sovereign ability and highest good.

Healer Signature:

Date:

PLEASE NOTE: all information collected about your health and concerns will only be for the purpose of your session(s). This information is protected by privacy and will not be shared. No one but you and I will be privy to this information. Client confidentiality is of primary priority.