



369 Amor Fati Guidance and Mentorship Sessions

Please complete as thoroughly as possible and email to me 24 hours in advance if possible. Sessions are conducted remotely.

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

Client Intake Form

Name:

Home Address:

Email Address:

Phone Number:

Please fill in to your comfort level

Please explain briefly what you are looking to receive guidance/ mentorship on.

How long has this issue / concern/ dilemma been in your awareness?

What steps have you taken (if any) to begin the resolution of this concern?

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

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 this is designed to assist and bolster your own ability to navigate the current concerns/challenges and does not replace formal mental health care and assistance.

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.

Guide Signature:

Date:

PLEASE NOTE: all information collected about your 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.