



Client Form

Thank you for taking the time to take care of YOU. Please email to margos108@gmail.com prior to your session. All information will be kept confidential.

Name: _____

Address: _____

Referred By: _____

Contact Number: (Home) _____ (Cell) _____

E-mail: _____

Personal Information:

Date of Birth: _____

Place and Time of Birth: _____

Religious/Spiritual Affiliation/Beliefs? _____

Family/Living Situation: Children: _____

In General, what *days of the week* and *times of the day* are ideal for you?

Days: _____ Time: _____ In-person or telephone: _____ -

Give *one sentence* that best describes your relationship with your parents

Mother: _____

Father: _____



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List the techniques, processes or therapies you have *participated in* or *experienced* to date.

What is your current diet like? What percentage of your meals are home cooked?

Describe your sleep patterns. Can you get to sleep easily? Can you stay asleep? How many hours do you average per night?

What priority would you like to focus on for your session?

What would you like in your life 4-6 months from now?



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Are you experiencing any physical conditions? (allergies, illnesses etc.)

At what point in your life did you feel best? Why?

What is one thing you LOVE about your life?

Are you currently taking any *prescriptions* or *drugs*?

I understand and agree that I am individually responsible for my own life and it's unfolding. As an expression of my responsibility I am seeking assistance with the beliefs that manifest my reality, but the actual manifestation of that reality is up to me. I'm committed to my session(s). I also understand that cancellations or rescheduling of appointments requested less than 24 hours prior to my session time result in a forfeit of that session.

Signature

Date