

WE'RE ALL WE NEED HEALING

CLIENT INTAKE FORM

(For Clients of Reiki & Crystal Healing Sessions)

Client Name: _____

Preferred Gender Pronouns: ☐ She/Hers ☐ He/His ☐ They/Their ☐ Other: _____

Date of Birth: ____/____/____

Phone Number: _____

Are you able to receive text message session reminders and follow-ups? ☐ Yes ☐ No

Street Address: _____

City/State/Zip: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Have you had any prior experience with crystal healing, reiki, or intuitive readings?

☐ Yes ☐ No

Do you have a particular area of concern? (*Your purpose of visit*)

Is there anything you'd like me to know before the session so that I can better prepare?

Any areas of pain or discomfort? ☐ Yes ☐ No

If yes, please explain where: (*So that I can be mindful of these areas*)

Any accommodations needed for your session? (*Ex: knee bolsters, extra pillows, blankets, etc.*)

Do you have any sensitivities to fragrance or incense? ☐ Yes ☐ No

Are you comfortable with light physical touch during reiki?

☐ Yes ☐ No, please work in my aura only ☐ N/A

Do you mind if I use a gentle tape to apply some stones to your skin & clothing during crystal healing?

(*Helps prevent stones from rolling off*) ☐ Yes ☐ No ☐ N/A

What attracted you to my business & how did you hear about us? _____

Would you like to be contacted for limited promotional offers & updates of my healing services?

☐ Yes, please ☐ No, thank you

Consent & Agreement: Please sign and date in the fields below to assert that the information provided is true to the best of your knowledge.

By signing above, I consent that I understand that crystal healing, reiki, energy work, and channeled or intuitive readings are non-medical, holistic, and spiritual in nature. I understand that the healer does not diagnose conditions or prescribe substances. I understand that any guidance given is purely for energetic balance, and not to replace professional medical advice. It is recommended that I ALWAYS consult a licensed medical professional and receive psychological care when needed. The services provided are NOT meant to replace conventional medicine or therapies but rather to complement and enhance them. I understand that the body has the ability to heal itself, and to do so complete relaxation is often beneficial. I acknowledge that long-term imbalances in the body often require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself. By signing above, I hereby release Zoë Van Der Linden from any liability as a result of the services rendered (including intake and follow-ups) and give my consent to receive services from Zoë Van Der Linden / WE'RE ALL WE NEED HEALING.

Signature: _____ Date: _____

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18, unless otherwise required by law.