

Intuitive Life Coaching

Client Information and Consent Form

Facilitated by Amanda Moser Intuitive Life Coach

Welcome to your Intuitive Life Coaching session with Amanda Moser. These sessions are designed to help you grow in mind, body, and spirit by focusing on healthy goals to lead towards living a happy and positive life. Amanda Moser is a Psychic Medium and Spiritual Mentor who is able to communicate with Spirits and the energy within your body. The information shared with you in these sessions are shared from an objective observation and they are always shared with the highest respect to you as an individual and your personal journey.

I understand that information shared with me from Amanda Moser Intuitive Life Coach is meant to simply provide me with greater awareness of myself as an energy being. I acknowledge that sessions provided are only for the purpose of helping me learn about myself from a Spiritual perspective and not meant to replace the advice from my licensed medical doctor or psychologist. Amanda Moser Intuitive Life Coach does not diagnose conditions, nor do she prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment or condition I may have.

I acknowledge that I am 18 years or older and of legal age to provide consent for these sessions.

Name(printed): _____

Signed: _____

Date: _____

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Name _____ Birth Date _____

Address _____

City _____ Postal Code _____

Phone _____ Email: (optional) _____

Doctor's name _____ Phone Number _____

Are you currently taking any medications? Yes ___ No ___

If yes, what are the medications for (ie: heart, diabetes, high blood pressure etc.)?

Are you currently under the care of your Family Physician or Specialist? Yes ___ No ___

If yes, please elaborate

Are you currently receiving other alternative treatments? Yes ___ No ___

If yes, what type ie: Homeopathy, acupuncture etc?

I acknowledge that the information on this form is accurate and up to date.

Signed: _____

Date: _____