

# SOUL JOURNEY WITH DAVE

## Client Intake Form

**ALL INFORMATION IS CONFIDENTIAL and only shared with your facilitator.**

Date of Session:

Client Name:

Cell Phone:

E-mail:

Birth date:

Age:

Your Occupation:

Emergency Contact:

Referred by:

**Please complete the following items to the best of your ability. Write N/A for any item that does not apply to you:**

If you're with a partner, name and how long?

Children and their ages:

Your family history may be of value. Please select any of the following that apply to you or your blood relatives.

- Alcoholism/Substance Abuse
- Suicide/Attempts
- Depression/Mood Disorder
- History of Child, Spousal or Sexual Abuse

Medical conditions or challenges:

Are you currently under a physician's care for any condition?

And was anything notable with your last visit to your physician?

Describe your current alcohol and/or drug intake. Include drugs not prescribed by a health care provider:

Have you ever been in therapy or counseling?  
If yes, for how long?

Did you feel it benefited you?

Have you experienced Hypnotherapy before?

Do you meditate?

What were the religious or philosophical beliefs of your family growing up?

What are your spiritual or religious beliefs/or life philosophies now?

Describe one of your favorite scenes or places that represent good feelings to you such as peace, contentment or relaxation.

Please list the main Characters in your life: Partners, Parents, Siblings, Close friends (name and relationship)

What are you hoping to gain from your session?

Please list any questions or issues you want to work on:

**Please read and sign:**

- Fee is \$300 payable via online payment.
- I agree to be an active participant in my Soul Journey With Dave experience and to be a partner in the transformative nature of this process.
- I understand that the privacy of my health and information will be maintained.
- I recognize that my thoughts, feelings, and actions have a direct effect on my life, and that my well-being depends directly on how well I care for myself physically, emotionally, mentally and spiritually.
- I agree to be on time for my session.
- I understand that the services provided to me by David Marsh are for educational and self-improvement purposes only and are not for diagnosis or treatment of any mental or physical ailment.
- I understand that a MP3 recording will be emailed to my personal email.
- It is my right to refuse any aspect of services offered and to seek the services of another professional at any time.
- I am of legal age and have signed below. I am a willing participant in this session and agree to participate fully. I do hereby release and discharge David Marsh from all claims of damages, demands or actions whatsoever in any manner arising from or growing out of my participation.

Sign \_\_\_\_\_ Date\_\_\_\_\_