

INTAKE FORM

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Preferred method of contact (Phone/Email): _____

How did you hear about Elevate Ascension, LLC? _____

Please provide a brief description of what led you to seek services through Elevate Ascension, LLC:

_____

_____

_____

Do you have any prior experience with spiritual practices or healing? Circle one: Yes / No

If yes, please describe: _____

Do you have any medical conditions or are you currently taking medication that we should be aware of? Circle one: Yes/No

If yes, please specify: _____

What specific goals or intentions do you have for your sessions? _____

_____

Release of Liability Statement

By signing below, I acknowledge that I am seeking the services of Elevate Ascension, LLC, and fully understand that these services are based on spiritual teachings, energy healing, and ascension guidance. I acknowledge that Elevate Ascension, LLC is not a licensed therapist or counselor, and that the services provided are not a substitute for professional medical advice, diagnosis, or treatment. I release Elevate Ascension, LLC and its practitioners from any liability that may arise from the services I receive.

Signature: _____ Date: _____