



TEMPLES OF ATLANTIS

INTAKE FORM

Name:

Date of Birth:

Email:

Phone Number:

Emergency Contact:

Have you had an energetic healing treatment before? If yes, what were the results?

What are three things you would like to work in your upcoming session?

Please list any pre-existing conditions and/or illnesses, surgeries:

Are you currently on any medications we should be aware of?

Would you like to receive monthly newsletters that highlight offerings, events & promotions? Circle One: YES NO

This form grants the practitioners of Temples of Atlantis permission to share energetic healing treatments. Energy healings are not medical diagnoses and I understand I should seek medical care if in a state of duress or concern. By signing this agreement, I agree to hold the Temples of Atlantis free from any liability, including financial responsibility, for any and all services offered,

Printed Name

Today's Date

Signature