



## PRISCILLA LIGHTWORKER 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?

Reason for therapy:

Pre-existing conditions and/or illnesses, surgeries:

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

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

This form grants Priscilla Campos of Priscilla Lightworker 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 Priscilla Campos free from any liability, including financial responsibility, for any and all services offered,

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**Printed Name**

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**Today's Date**

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**Signature**