



Align

Nourish

Hydrate

Restore

Reiki / Intuitive Healing Client Intake – Please complete details and sign.

Name.....Date.....

Date of Birth.....Mobile:.....

Address.....

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Email:.....

Emergency Contact: (name & ph: no:) .....

What is your **reason** for being here today? What would you like to work on in your session and what are you **hoping to achieve** from your session today?

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I declare the above information to be **true and correct** and indemnify Blue Sky Healing of any liability for any false or misleading information given. It is understood and accepted that the session provided by Blue Sky Healing is of a **therapeutic nature** and **not diagnostic** and does not offer a curative approach and **results are not guaranteed** in any way. All information gathered regarding clients will remain the property of Blue Sky Healing and will be remain **confidentially secured**. Information may be used for **notification of events and services** as deemed appropriate. I agree that **payment for services** be made at the time of service to be made by cash, credit card or bank transfer. I agree to provide **24 hours' notice of cancellation**. I hereby accept a **Reiki/ Intuitive Healing session** from Jenny Fitzgerald.

Signed:.....Date:.....



Physical conditions – please note all significant symptoms from previous 2 years:

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