SPIRITUAL & SACRED SERVICES INTAKE FORM

| Full Name: Email Address: Phone Number: Preferred Method of Contact: Service Location Service Type: In-Person Remote / Distance Session Location Name & Address (if applicable): Requested Spiritual Services | |
|---|--|
| Email Address: Phone Number: Preferred Method of Contact: Service Location Service Type: | Client Information |
| Phone Number: Preferred Method of Contact: Service Location Service Type: In-Person Remote / Distance Session Location Name & Address (if applicable): Requested Spiritual Services (Select all that apply) Reiki / Energy Healing / Site Cleansing or Blessing Session Tarot/Oracle/Rune Reading | Full Name: |
| Preferred Method of Contact: Service Location Service Type: | Email Address: |
| Service Location Service Type: In-Person Remote / Distance Session Location Name & Address (if applicable): Requested Spiritual Services (Select all that apply) Reiki / Energy Healing / Site Cleansing or Blessing Session Tarot/Oracle/Rune Reading | Phone Number: |
| Service Type: | Preferred Method of Contact: |
| Service Type: | |
| □ In-Person □ Remote / Distance Session • Location Name & Address (if applicable): Requested Spiritual Services (Select all that apply) □ Reiki / Energy Healing / Site Cleansing or Blessing Session □ Tarot/Oracle/Rune Reading | Service Location |
| Requested Spiritual Services (Select all that apply) Reiki / Energy Healing / Site Cleansing or Blessing Session Tarot/Oracle/Rune Reading | ☐ In-Person |
| (Select all that apply) Reiki / Energy Healing / Site Cleansing or Blessing Session Tarot/Oracle/Rune Reading | Location Name & Address (if applicable): |
| □ Reiki / Energy Healing / Site Cleansing or Blessing Session □ Tarot/Oracle/Rune Reading | Requested Spiritual Services |
| ☐ Tarot/Oracle/Rune Reading | (Select all that apply) |
| | ☐ Tarot/Oracle/Rune Reading |

| Session | on Focus & Intentions |
|---------|---|
| (What w | vould you like this session to support?) (please describe): |
| | |
| Spiritu | ual Preferences |
| • | Spiritual Orientation (optional): Non-denominational Spiritual but not religious Faith-specific (please specify) |
| • : | Symbols, practices, or traditions to include or avoid: |
| | Ort & Consent (Energy Work) Are you comfortable with gentle, non-contact, or light-touch energy work (if in person)? Yes No (distance or non-touch methods only) |
| | |
| Sessio | on Timing |
| • 1 | Preferred Date(s): |
| • 1 | Preferred Time: Morning Afternoon Evening Flexible |

Documentation Preferences

| Immemorial Sacred Care 3 | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ☐ Written summary of session | | | | | | | | | |
| □ No documentation | | | | | | | | | |
| Additional Notes or Requests | | | | | | | | | |
| (Emotional sensitivities, boundaries, or special considerations) | | | | | | | | | |
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| SPIRITUAL SERVICES AGREEMENT & DISCLAIMER | | | | | | | | | |
| This agreement applies to all spiritual services provided by Immemorial Sacred Care , including but not limited to Reiki/energy healing, spiritual guidance, guided meditation, tarot and divination readings, and space clearings/blessings. | | | | | | | | | |
| 1. Nature of Services | | | | | | | | | |
| All spiritual services are offered solely for personal reflection, spiritual support, remembrance, and relaxation. Services are not intended to diagnose, treat, cure, or prevent any medical or psychological condition. Clients should seek licensed healthcare or mental health professionals for medical or psychological concerns. | | | | | | | | | |
| 2. Energy Healing Disclaimer | | | | | | | | | |
| Reiki and energy-based services are complementary spiritual practices . Results vary by individual and are subjective. No specific outcomes are guaranteed. | | | | | | | | | |
| 3. Divination & Intuitive Readings Disclaimer | | | | | | | | | |
| Tarot, oracle, and intuitive readings are offered solely as tools for personal insight and reflection. Readings do not predict guaranteed outcomes. They should not replace professional, legal, medical, or financial advice. Clients remain fully responsible for their own decisions and actions. | | | | | | | | | |

4. Client Consent & Boundaries

- All services are provided with the client's consent.
- Clients may pause or stop a session at any time.
- Physical contact (if any) is optional and will be discussed and agreed upon in advance.

5. Emotional Responsibility

Spiritual sessions may bring emotional awareness or reflection. Clients acknowledge responsibility for their emotional well-being during and after sessions.

6. Confidentiality

All personal information and session content are kept confidential, except where disclosure is required by law.

7. Scheduling & Payment

- Payment is due before service unless otherwise agreed.
- Sessions may be rescheduled due to illness, emergencies, or weather. If the client needs to reschedule or cancel, we require 48 hours' notice to avoid fees. For last-minute changes, please contact us directly to discuss options.

9. Acceptance of Agreement

| By booking and receiving services from Immemorial Sacred Care, the client confirms to | hey have |
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| read, understood, and agreed to this Spiritual Services Agreement. | |

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