

BS"D
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Authentic Radiance Energy Healing
www.authenticradiance.life
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Intake Form

Date

Full Name Preferred Name _____ Male/Female

Age

Address City State ____ Post Code

Email

Home Phone / Mobile OK to leave messages or text? Y/N

Referred By

Have you had any complementary therapy/energy healing treatments before? Y N

Please specify:

Are you currently under a physician's or other specialist's care? Y N

Please list any physical or mental health conditions that the practitioner needs to know about and sensitive areas of your body.

Overall, my health is excellent, good, fair, poor. (circle or indicate)

Overall, my life satisfaction is excellent, good, fair, poor. (circle or indicate)

What areas of your life would you like to work with, i.e. overcoming health/physical/ mental/ emotional/spiritual issues, or setting and accomplishing goals, etc.?

Reasons for seeking treatment

Expectations for Seeking Treatment (By the end of this session/course of treatment, I would _____.)

I _____ verify that all information is correct and current to the best of my knowledge. I understand that any information provided is for safety purposes and will be kept

strictly confidential, unless I provide written consent. I hereby give my consent to receive treatments/services and I acknowledge and agree that I am doing so at my own risk. My mental and physical health and safety with respect to such services are my sole responsibility. My decision to receive services is voluntary, and I know of, understand and assume any and all the risks associated therewith—including following advice which I am free to accept or not. In exchange for receiving services for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold my practitioner harmless from any and all liability for any and all injuries, including damages or claims relating to or resulting from my receipt of the services, now or in the future, foreseen or unforeseen.

I certify that I have read and understood the above and agree to the terms and conditions of this practitioner and the services.

Client Name (printed) _____

Date _____

Client Signature* _____

*I consent that my electronic signature shall bear the same weight as an ink signature on paper.

Please send the completed form to authentic.radiance613@gmail.com.

Thank you.

(2/2/25 updated)