



Oxford Numerology University®

CLIENT INTAKE FORM

This form is to be completed by the client before the initial session. The purpose is to ensure clarity, mutual understanding, and informed consent regarding the nature of numerology consultations.

SECTION 1 – CLIENT INFORMATION

Full Name: _____

Date of Birth (DD/MM/YYYY): _____

Email Address: _____

Phone Number (incl. country code): _____

City & Country of Residence: _____

Preferred Language: _____

Occupation (optional): _____

SECTION 2 – EMERGENCY CONTACT

(This section is required and will be used only in the case of a serious medical or emotional incident during a session.)

Full Name: _____

Relationship to Client: _____

Phone Number: _____

Email (optional): _____

SECTION 3 – SESSION PURPOSE

What motivated you to seek a numerology session?



Oxford Numerology University®

Are there specific areas you'd like to explore during the session?

- ☐ Personal development
 - ☐ Relationships
 - ☐ Career
 - ☐ Life purpose
 - ☐ Decision-making
 - ☐ Other:
-

SECTION 4 – BACKGROUND INFORMATION

Have you had a numerology session before?

- ☐ No ☐ Yes – When and with whom? _____

Are you currently receiving any form of therapy or coaching?

- ☐ No ☐ Yes – Please specify: _____

Is there anything important your numerologist should be aware of before the session?

Do you have any physical or mental health conditions that may influence your session?

- ☐ No ☐ Yes – Please specify: _____

SECTION 5 – CONFIDENTIALITY AND CONSENT

Please read and confirm the following by ticking each box:

- ☐ I understand that numerology is a form of complementary guidance and is not intended to replace medical, psychological, or legal advice.
- ☐ I give consent for the practitioner to use my data (including birth date and name) strictly for the numerology session.
- ☐ I understand that all information shared during the session will be kept strictly confidential.
- ☐ I consent to session notes being taken by the practitioner.



Oxford Numerology University®

☐ Yes ☐ No

☐ I consent to the session being recorded (audio only) for my personal use.

☐ Yes ☐ No

SECTION 6 – DECLARATION

By signing below, I confirm that the information provided in this form is true and complete. I agree to proceed with the numerology session under the terms described above.

Client's Signature: _____

Date: _____

Practitioner's Signature: _____

Date: _____