



Intuitive Self Healing Client Intake Short Form

Name _____ Date of Birth _____

Address _____

Phone _____ Home/Cell (circle one) Text Y/N (circle one)

Email _____ (Will only be used for I.S.H. communications)

How did you hear about Intuitive Self Healing? _____

Are you currently taking any:

Prescription Medications: _____

Nutritional Supplements: _____

What can I help you with today? _____

By signing below, I certify that I have read and understand this document and that the information that I have provided is accurate. I understand that Leah Buysse is a Holistic Health Practitioner/Intuitive Healer, NOT a medical doctor, and that she will NOT diagnose or prescribe medication. I acknowledge and invite her to create a *holistic, intuitive* program to assist me in achieving my personal health goals, and triggering the body's innate ability to heal itself. I understand that I am here to learn about nutrition, better health practices and lifestyle systems that should be used in conjunction with conventional medicine. These programs are not to be used as a medical substitute.

Signature of patient

Date

Signature of guardian if under 18

Date