

Client Intake Form – Ritual Support

(Please complete and return to Mama Sha'

Full Legal Name: _____

Preferred or Nickname: _____

Date of Birth: ____ / ____ / ____

Email Address: _____

Mailing Address (for keepsake): _____

Ritual Intention (Petition) What are we calling in, release, shift, or clarify? _____

Focus Area Is there a specific issue or area you'd like energy, intention, or guidance directed toward? _____

Type of Ritual Chosen: _____

Personal Item Provided for Ritual Use? ☐ Yes ☐ No

If yes, should it be returned? ☐ Yes ☐ No

Would you like to receive a keepsake or follow-up mail? ☐ Yes ☐ No

Sensitivities / Allergies (herbs, oils, smoke, etc.): _____

Anything else you'd like me to know before we begin? _____