

CLIENT INTAKE & CONSENT FORM

Name: _____ Today's Date: _____
Last First MI MM/DD/YY

Address: _____
Street City State Zip

Home/Cell Phone: _____ Email: _____

Occupation: _____ Reason for appointment: _____

Are you on any medications? _____ If so, how many? _____

For what? _____

How did you hear about Ancient Healings? _____

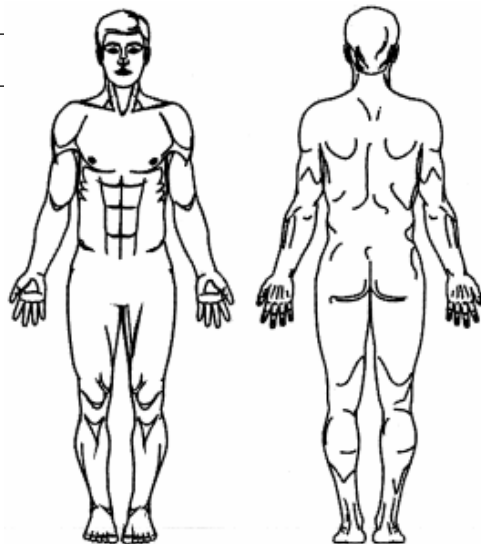
Circle the areas in your life where you are seeking improvement:

- | | | | |
|------------------|-----------------|-------------------|----------------------|
| Relationship | Family | Friends | Co-workers/Boss |
| Finances | Work | Self-Esteem | Confidence |
| Addiction | Bad Habit | Negative Thoughts | Repeating Patterns |
| Direction | Motivation | Focus | Life Purpose |
| Illness | Physical Pain | Emotional Pain | Personality Disorder |
| Letting Go | Cutting Ties | Forgiveness | Anger / Hatred |
| Self- Hatred | Trama /Shock | Physical Abuse | Sexual Abuse |
| Childhood Issues | Eating Disorder | Alcoholism | Haunting Memories |
| Closed Off | Disconnected | Bitter/Cold | Exhausted |

Other: _____

On the diagram on the right please place a number (1-10, 10 being unbearable pain) on the area/s of your body with physical discomfort; and describe the pain.

(i.e.tight, acute, sharp, chronic, stiff, shooting, dull)



Healing Consent:

I, (please print) _____, understand that the session I receive for any of Ancient Healings services by Practitioner, Sherry Methling are for the purpose of healing whether it be emotional, mental or physical or for the simple fact of healing the body, mind, and spirit.

I also understand that Sherry Methling does not diagnose illness, disease or any other physical or mental disorders. As such, Sherry Methling also does not prescribe medical treatment or pharmaceuticals, nor does she perform any spinal manipulations or treat, prevent or cure any disease. I understand that the healings provided whether it be energy, sound, essence/aromatherapy, crystals, spiritual/angel channeling, chakra balancing, and color therapy are not a substitute for medical treatment and that it is recommended that I see a physician for any physical ailment(s) that I may have.

I have stated all my known medical condition(s) & take it upon myself to keep the practitioner updated in writing before any sessions on changes in my physical health. With that in mind, I agree to not hold the practitioner, Sherry Methling nor Ancient Healings liable for any problems that may arise as a result of my session.

Payment is due at the time of the session(s) unless other arrangements have been made in advance. I also understand that I am responsible for payment if third party payment is not made.

24-Hour Cancellation Policy & Credit Authorization Release

I take great pride in the quality of care I offer clients. In order to do this I have a strict cancellation policy. Ancient Healings requires a 48-hour cancellation notice prior to your appointment time. Please be considerate of my time as I would be of yours. *In Light & Love ~sherry*

Signature _____ Date _____