

**Confidential Client Intake Form**

Name:

Date:

Street Address:

City:

Zip:

Home Phone:

Cell Phone:

Email:

Occupation:

Date of Birth:

Relationship Status:

Present overall state of health:

Do you have any Physical Health Concerns? (Please list any diagnosed conditions such as diabetes, heart disease, cancer, etc.)

Are you currently under a doctor's care?\*                      What for?

*\*Please include acupuncturists, chiropractors, herbalists or energy healers.*

Doctor's name:

Do you have any Emotional Health Concerns? (Please list any treatment you may be receiving such as counseling or support groups.)

Do you have any Spiritual Health Concerns?

Do you have a regular spiritual practice, such as daily devotion or meditation?

What do you hope to receive from your session(s)?

Please list any additional information that you feel would be useful to me in creating a supportive healing environment for you.

Please read and sign below:

I understand that Karen Stresau, BSBHS, LMT is not a licensed doctor and therefore does not provide, diagnose or prescribe medical treatment. Additionally, the healing techniques provided by her are not a substitute for any medically prescribed treatments. Karen recommends that I obtain medical advice from a licensed professional and continue with any medical treatments they may prescribe.

I have disclosed an accurate and complete medical profile and take responsibility for informing Karen of any changes regarding my physical, emotional and spiritual health.

I have been informed that if I am unable to be physically present for my appointment, Karen can provide a 'distance' healing session at my request, for which a normal fee will be charged. I agree to pay a \$30 cancellation fee if I fail to cancel at least 24 hours prior to my appointment. I understand that if I arrive late for my session it will still end at the originally scheduled time. I agree to pay for services at the time they are rendered.

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Client's Signature

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Date