

Returning Home Healing with Jennifer Dorfield,

Certified Wholeness Energetics Practitioner

CLIENT INTAKE FORM

Client's Full Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Referred by \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ DOB \_\_\_\_\_

Rate the condition from 1-10, with 10 being the best and 1 being the worst. Please explain if you wish.

**Overall Condition:**

**Physical Condition:**

**Emotional Condition:**

**Mental Condition:**

**Spiritual Condition:**

**Crisis in Life:**

**Personal Life:**

**Daily Work:**

**Quality of Life:**

Please answer briefly the following questions, and use additional paper as necessary.

**What is your life purpose?**

**What is your goal for the session?**

**What is hindering you in achieving your purpose?**

**What is the best thing happening to you in your life right now?**

**What is the most fearful/most irritating/most worrying thing for you at the moment?**

**Other information:**

Please note. All sessions are confidential.

INFORMED CONSENT AGREEMENT

I, \_\_\_\_\_, understand that WE, Wholeness Energetics, a modality facilitated by Jennifer K Dorfield, is for the purposes of relaxation, stress reduction, clarifying and energizing goals, energy balancing, releasing blockages and limiting beliefs.

I understand that WE does not diagnose illness or disease, or any other disorder, and that Jennifer K Dorfield, certified WE practitioner, does not prescribe medical treatment or pharmaceuticals. I understand that WE is not a substitute for medical examinations, medical care, or mental health care, and that it is recommended that I am concurrently working with my primary caregiver for any condition I may have.

I have stated all my known physical conditions, medical conditions, and medications, and I will keep the practitioner updated on any changes. I agree to advise Jennifer K Dorfield should I feel any discomfort or pain, physically or emotionally, so that she may take appropriate steps to address it.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Jennifer K Dorfield from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

\_\_\_\_\_

Client signature

Date