**Client Intake Form**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*All personal information is confidential and treated appropriately. Please complete and email to* *transformwithjoanne@gmail.com*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Contact Number:** \_\_\_\_\_\_\_\_­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Religious/Spiritual Affiliation/Beliefs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Marital Status: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Number of Children and ages: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**What is the main belief/perception of yourself do you feel is restricting you the most?**

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**What is the best belief you have about yourself/your life?**

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**List the techniques, processes or therapies you have *participated in* or *experienced* to date.**

**How did you find PSYCH-K?**

**What priority would you like to focus on for your first session?**

*I understand and agree that I am individually responsible for my own life and it’s unfolding. As an expression of my responsibility I am seeking assistance with the beliefs that manifest my reality, but the actual manifestation of that reality is up to me. I’m committed to my session(s) and agree to use my purchased time within 2 months (depending on which package I have purchased). I also understand that cancellations or rescheduling of appointments requested less than 24 hours prior to my session time result in a 30-minute deduction from my available balance. Also, note that there is a no refund policy once payment is complete*

Do you agree to this?

Do you want to be added to my mailing list? Yes \_\_ No \_\_

Signature Date