
Jennifer Michaels - Energy Healer, Spiritual Life Coach - Artist, Author & Speaker
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Basic Intake Form

(Please Note: All information is kept secure & confidential)

Name _____ Date _____

Address _____ Apt# _____ St _____ Zip _____

Phone _____ Email _____

Date of Birth _____ How did you learn about? _____

Have you ever had Energy Healing or Spiritual Life Coaching? Yes / No

Comments: _____

Please briefly explain your primary reason for being here? _____

General Information:

1. **SPIRIT** - Please tell a little about your spirituality: _____

2. **HEALING** - Are you healing, in recovery or recovering from any issues in particular: Yes / No

Comments: _____

Do you currently have or have you ever been diagnosed with any emotional, mental, medical conditions? Yes / No If yes, Please Explain: _____

Are you currently taking any medication / supplements? (List all): _____

3. **HEALTH** - Your general level of health and overall wellbeing: Poor / Avg. / Good / Great.

Comments: _____

4. **LIFE PURPOSE** - Are you fulfilled in your life purpose? Yes / No / Not Sure / Not Important

5. **RELATIONSHIPS** - Do you have healthy and fulfilling relationships? Yes / No / Some

Comments: _____

Are you? - Married / Single / Divorced / Separated - Children - How Many? _____

Names: Significant Other _____ Children: _____

6. **LEISURE** - Do get enough Travel, Play, Leisure, Adventure Creativity: Yes / No / Not Sure

Comments: _____

7. **MONEY** - What do you do for work? _____

Do you generally have financial peace or sense of safety, security, and abundance?

Comments: _____

I am interested in: *(Check all that apply)*

Private Sessions:

Energy Healing _____ Spiritual Life Coaching _____ Past Life Regression _____

Length of Sessions:

1 hr. _____ 1.5 hr. _____ 2 hr. _____ 3 hr. _____ 4hr. _____

Frequency of Sessions:

Twice a week _____ Weekly _____ Twice a month _____ Once a month _____ Other: _____

Type of Sessions:

In-person _____ Phone _____ Skype _____ Face time _____

Group Sessions, Classes & Workshops:

Meditation Class _____ Creativity Coaching _____ Workshops _____ Retreats _____

Payment preference:

Pay as I go _____ Packages _____ Monthly Memberships _____

Cash _____ Checks _____ Credit Cards _____ Automatic Credit Card Billing _____

Any other comments or questions prior to receiving services? _____

Credit Card and 48-Hour Cancellation Policy

All appointments are held with a Credit Card. Your credit card information is confidential and held in a secure place and never shared with any other party. ***A 48 hour cancellation / reschedule notice is required and your credit card will be charged the full amount of your scheduled appointment if less than 48 hours is given.*** Thank you for understanding this policy.

Name on Card _____

Credit Card Number _____

Exp. Date _____ Security Code _____ Billing Zip Code _____

Signature of Authorization to charge card for services, products and less than 48 hour cancellations.

Sign _____ Date _____

I am over 18, of sound mind and able to engage in any and all services offered at Jennifer Michaels Studios.

Sign _____ Date _____

If under 18 - Parent or Guardian Signature _____ Date _____