



Intuitive Wisdom

Client Form

Client Name: (Please Print) _____

Phone (Mobile): _____ Date of Birth _____

Email: _____

Address: _____

Would you like to be on our email mailing list for future workshops and specials? _____

Emergency Contact: _____ Contact Number _____

How did you hear about us? _____

Have you ever had a Reiki/Aura Healing before? ___ Yes ___ No

If yes, when was your last session? _____ (approx.)

What is your reason for seeking a Treatment/Session? (Please tick where appropriate)

- ☐ Clear out of old energy ☐ Mental fog/lack of direction ☐ General maintenance of your Aura ☐ Curiosity
☐ An unexplained feeling drained of energy ☐ Emotional overload ☐ Spiritual Block ☐ Recommendation
☐ Other: _____

What would you most like to get out of today's session _____

Conditions/Concerns: Please tick if you have ANY of the following conditions:

_____ Epilepsy/Seizures _____ Pregnancy _____ Sensitivity to touch _____ Sensitivity/Allergies to fragrances.

(On occasion, I use Aura Soma and other Essences within your Aura during a session. Although made of all natural materials, please notify Sarah if you have any allergies, sensitivities or feel uncomfortable about this now or anytime in the future.)

Do you have any physical condition that would cause you discomfort getting on/off a massage table or laying down on your back for 1 hour _____

**Note if you feel uncomfortable at any stage while laying on the massage table, then please let me know so that you can change position.*

Do you have any other concerns (Physical/mental/emotional/spiritual) that you wish to express?

****Please turn page over and complete the next page****



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Disclaimer for services from Sarah Stutley of Intuitive Wisdom

I understand that

- Sarah Stutley of Intuitive Wisdom does not diagnose conditions, nor does she prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional.
- I understand that all the sessions offered by Sarah Stutley do not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical, emotional or psychological ailment I may have.
- I understand that even though intuitive/psychic advice may be given during any of the modalities offered by Sarah Stutley of Intuitive Wisdom or through any of the correspondence that may occur before, during or after the session, the practitioner (Sarah Stutley of Intuitive Wisdom) has had no counselling or psychology training, and that all advice is past on intuitively or psychically.
- I understand that it is my responsibility, and mine alone if I take on board or reject any intuitive or psychic advice that may be passed on during a session by Sarah Stutley.
- In signing this document, I am confirming that everything is true and correct, and should my circumstances change for future sessions, I will notify Sarah Stutley of this change at the time of future appointments.

Signed: _____ Date: _____

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18, except if it is required or authorised by law or law enforcement.