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makeawave intake information
COUNSELLING, NLP, COACHING, REIKI

Print Name: _____ Phone: _____ (please list best phone/email for personal privacy)

Address: _____ Town: _____ Postal Code: _____

Email Address: _____ Please add me to email distribution: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Do you have any physical health concerns? If yes, please explain: _____

Do you have any mental health / emotional concerns? If yes, please explain: _____

What brings you to us? _____

Which services are you interested in? Counselling ____ Coaching/NLP ____ Quantum Healing Chamber ____
Reiki / Therapy Combination ____ Spiritual Mentorship ____ Celesta Ceremony ____ Igniter Series ____

If you were to achieve your desired results what might they be? _____

What might be the biggest challenges that prevent you from achieving these results? _____

What are your greatest strengths? _____

How did you become aware of Make a Wave for Change Services? _____

Signature: _____ Date: _____