


makeawave RIFE / SCALAR intake form
COUNSELLING, NLP, COACHING, REIKI

Print Name: _____ Date: _____

Address: _____ Town: _____ Postal Code: _____

Phone: _____ (please list best phone/email that provides the level of discretion you require)

Email Address: _____ Please add me to Make a Wave email distribution _____

Emergency Contact: _____ Phone: _____ Relationship: _____

What brings you to us? _____

Which services are you interested in?

Rife Detox _____ Rife Scan / Treatment _____ Rife Treatment (in person) _____ Rife Treatment (remote) _____ Scalar Field Healing Session _____

Please share any health concerns _____

Short term health goal? _____

Long term health goal? _____

How committed are you to gaining a more vital and fulfilling life? _____

Do you have a pacemaker or any devices / metal in your body? _____

Do you have mercury fillings in your teeth? _____

Do you have any liver or kidney issues or disease? _____

Are you pregnant or planning on becoming pregnant during treatments? _____

As this equipment is not FDA approved in Canada, do you agree to sign a disclaimer holding no responsibility on Make a Wake Leadership and Wellness, Rita Krebs and her team and any other associates? _____

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

Thank you for your time completing this form. We look forward to supporting you!

Rita and the Team