



# makeawave intake information

COUNSELLING, NLP, COACHING, REIKI

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (please list a number safe to contact you at)

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Please add me to email distribution \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Age: \_\_\_\_\_ Are you currently accessing other types of therapy? If so, what kind? \_\_\_\_\_

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

\_\_\_\_\_

Do you have any mental health / e-motional concerns? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

What brings you to us? \_\_\_\_\_

\_\_\_\_\_

Which services are you interested in? Counselling \_\_\_\_\_ NLP \_\_\_\_\_ Shamanic/Reiki Services \_\_\_\_\_ Mentorship \_\_\_\_\_

Ignite the Light Series \_\_\_\_\_ Galactic Attunement \_\_\_\_\_ Sacred Energetic Signature/Tattoo \_\_\_\_\_ Celesta Ceremony \_\_\_\_\_

If you were to achieve your best results with us, what would they be? \_\_\_\_\_

\_\_\_\_\_

How would you know that you had them? \_\_\_\_\_

\_\_\_\_\_

What are your biggest challenges to achieve these results? \_\_\_\_\_

\_\_\_\_\_

What are your greatest strengths? \_\_\_\_\_

\_\_\_\_\_

How did you become aware of us? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

*We are so glad you are here. See you soon! Rita and the Team*