



Intake Information

We are so glad you are here, Rita and the Team

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? _____

Counselling____ NLP____ Shamanic Experience____ Stargate Journey____
Sonic Alchemy____ Galactic Activation____ Sacred Mirror Transmission (written or spoken) ____

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 _____