NEW CLIENT INTAKE FORM

Na	me:				
Phone Number:					
Em	ail:				
How did you hear about me and/or the Modern Mystery School?					
	Web Search ☐ Social Media ☐ Advertisin	g			
	Referral from	Other _			
Wh	What is our first session/class together? Date:/				
Please check all that apply below:					
I ai	m interested in		Gaining more energy and vitality		
	Meditation		Improving self-esteem		
	Spirituality		Improving mood and emotional state		
	Metaphysical studies		Bettering myself		
	Esoteric teachings		Learning how to help others through spirituality		
	Occult studies		Becoming a Healer		
	Getting to know myself better		Other:		
	Healing my energy bodies				
Spiritual / Energy Work Awareness and Consent:					
When it comes to energy work, most of it is done in the "aura" and other layers of the subtle energy bodies. This means that the practitioner does not need to physically touch you for the most part. However, there are some parts of the modalities where the practitioner may ask for a hug (which creates a friendly bond and connection), to put their hand(s) on your shoulder(s), or touch the head. The practitioner will inform you of when these moments are approaching during the session and ask your permission verbally as well.					
Please indicate your consent or refusal of the use of physical touch (as indicated in the paragraph above) during this session:					
	Yes, I consent to this (Please initial.)	No, I do	not consent to this (Please initial.)		

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MENTAL HEALTH DISCLAIMER AND INFORMED CONSENT:

ı	acknowledge that in entering into this class and/or spiritual healing session
(Student	/client name)
or medical treat	ystery School Certified Guide <u>Christina Lozano,</u> it is not a substitute for psychiatric, psychological ments, and that I am entering into this class and/or spiritual healing session of my own Free Will and ly and mind at the time of making this decision.
Please initial eac	ch beside statement:
treatments. I alsc psychologist, psy Modern Mystery	Pledge that these teachings, healings and tools are not a substitute for psychiatric and psychological acknowledge that I am responsible for continuing any treatments (if any) prescribed by my yehiatrist, or medical doctor including but not limited to therapy and medications. I will not consult School practitioners and teachers in regards to mental health issues as they are not mental health onsult Modern Mystery School practitioners for spiritual well-being, teachings, and practices.
_	the tools and teachings of the Modern Mystery School are powerful, I acknowledge that results vary esult of dedicated practices and diligence on my part.
With your signa agreement.	ture below you acknowledge that you have read and understand the above statements and are in
STUDENT/CLIE	NT NAME:
LOCATION at ti	ime of signing (City, State/Province, Country):
SIGNATURE:	DATE: /
TEACHER/PRAC	TITIONER NAME:
	ime of signing (City, State/Province, Country):
WITNESS SIGN	ATURE: DATE://