NEW CLIENT INTAKE FORM

Name: _____

Phone Number: _____

Email: _____

How did you hear about me and/or the Modern Mystery School?

❑ Web Search ❑ Social Media ❑ Advertising

❑ Referral from_____ ❑ Other _____

What is our first session/class together? _____ **Date:** ____/____/____

Please check all that apply below:

I am interested in….

❑ Meditation

❑ Spirituality

❑ Metaphysical studies

❑ Esoteric teachings

❑ Occult studies

❑ Getting to know myself better

❑ Healing my energy bodies

❑ Gaining more energy and vitality

❑ Improving self-esteem

❑ Improving mood and emotional state

❑ Bettering myself

❑ Learning how to help others through spirituality

❑ Becoming a Healer

❑ Other: _____

_____

_____

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:

I _____ acknowledge that in entering into this class and/or spiritual healing session
(Student/client name)

with Modern Mystery School Certified Life Activation Practitioner/Healer/Guide/Guide *practitioner name here*, **it is not a substitute for psychiatric, psychological or medical treatments, and that I am entering into this class and/or spiritual healing session of my own Free Will and am of sound body and mind at the time of making this decision.**

Please initial each beside statement:

_____ I acknowledge that these teachings, healings and tools are not a substitute for psychiatric and psychological treatments. I also acknowledge that I am responsible for continuing any treatments (if any) prescribed by my psychologist, psychiatrist, or medical doctor including but not limited to therapy and medications. I will not consult Modern Mystery School practitioners and teachers in regards to mental health issues as they are not mental health practitioners. I consult Modern Mystery School practitioners for spiritual well-being, teachings, and practices.

_____ Although the tools and teachings of the Modern Mystery School are powerful, I acknowledge that results vary and come as a result of dedicated practices and diligence on my part.

With your signature below you acknowledge that you have read and understand the above statements and are in agreement.

STUDENT/CLIENT NAME: _____

LOCATION at time of signing (City, State/Province, Country): _____

SIGNATURE: _____ **DATE:** ____/____ /____
M D Y

TEACHER/PRACTITIONER NAME: _____

LOCATION at time of signing (City, State/Province, Country): _____

WITNESS SIGNATURE: _____ **DATE:** ____/____ /____
M D Y