**The Power of You, LLC**

**Client Intake Form**

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|  | **Client Information** |
| **Name:**  |  |
| **Address:**  |  |
|  |  |
| **Home Phone:**  |  |
| **Cell Phone:**  |  |
| **Email:**  |  |
|  | **Personal Information** |
| **Religious/Spiritual Affiliations:**  |  |
| **Do you have any physical challenges that would interfere with muscle testing? (e.g., back/neck/arm pain or injuries) NO / YES (explain below)** |
|  |
| **What techniques, processes or therapies have your *participated in* or *experienced* to date?** |
|  |
| **What priority would you like to focus on during our session(s)?** |
|  |
| **I understand and agree that I am individually responsible for my own life and it’s unfolding. As an expression of my responsibility I am seeking assistance with the beliefs that manifest my reality, but the actual manifestation of that reality is up to me. I also understand that session cancellations with less than 24 hour notice will have a 30-minute deduction from my available session time.****Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless The Power of You, LLC., Kat Cederberg, PSYCH-K Facilitator, from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s)** |
| **Signature:** | **Date:** |