



Confidential Client Case History and Intake Form

Name:	Date:
Address:	Phone:
Postal Code:	Email:
Date of Birth:	Referred by:
Would you like to receive updates via email?	

Primary Reasons for Spiritual Guidance:	

Significant Accidents/Injuries:

Other Issues you feel I should be aware of:

By signing this, I affirm that I have answered all questions honestly and to the best of my knowledge and that I will inform the practitioner of any changes in my condition(s) or medication(s). I understand that there shall be no liability on the practitioner's part should I fail to do so. I also affirm that I understand that Patricia Laurino is not a physician or Mental Health Therapist and that I am solely seeing her for Spiritual Guidance. By signing this I agree to the terms found in the Policies and Procedures.

Client's Signature Print Name Date