



Private Session Intake Form

www.sarahsalterkelly.com

Please complete and return to info@sarahsalterkelly.com

Name:

Birthdate:

Emergency Contact:

1) What are you seeking help with today?

2) What is your desired outcome for addressing this issue?

·Short Term:

·Long term:

3) Do you believe in a higher power? Explain.

4) Do you believe you can heal yourself?

5) Do you love yourself? If yes, how do you practice it?



Private Session Intake Form

www.sarahsalterkelly.com

Please complete and return to info@sarahsalterkelly.com

6) On a daily basis...

a) What energizes you?

b) What depletes you?

c) What helps you to restore?

7) Would you describe yourself as feeling comfortable in your body? If yes what helps you to feel more comfortable, if no, what prevents you?

8) Do you have a daily or regular spiritual practice – if yes describe.

9) Medical History – Please detail relevant health issues, medications, and surgeries:

10)

a) Do you smoke? Y/N

How often?

b) Drink alcohol? Y/N

How often?

c) Other? Y/N

How often and what substances?

11) Do you have chronic pain – Describe:

12) What healing techniques work best for you?

13) Have you ever been diagnosed with a mental illness? If yes details...

14) Would you like to be added to my mailing list? Y / N

I realize that Sarah Salter Kelly is an Energy healer, who is not qualified to address medical concerns, nor is she capable of replacing the care of a medical authority. If I have medical issues present I shall seek out the professional help I need.

Signed:

Date: