



Healing Methods LLC[®]
Spiritual Guidance Intake Form

Name: _____ **Date:** _____

Address: _____ **City/State:** _____ **Zip:** _____

Email: _____

Phone: (home) _____ (cell) _____

How did you hear about Healing Methods?

What, if any, are your expectations for this session:

Statement of Release:

I understand that Susan deCaussin is a Certified Clinical Hypnotherapist and Ordained Minister. She is not, and does not claim to be, a state licensed counselor or therapist. Her guidance is meant to compliment, not replace, treatment prescribed by licensed medical professionals.

Sessions are intended for adults 18 years of age or older (parental consent is required for anyone under the age of 18 years). Sessions are private and confidential; and, all information received is for educational, spiritual, and entertainment purposes only, and is not intended to, nor should it ever, take the place of any medical, legal, financial, traditional psychological or other professional advice.

Healing Methods will not be held accountable for any interpretations or decisions made by recipients based on information provided. The choices made and actions taken, following guidance sessions, are solely the responsibility of the client.

Client's Printed Name: _____

Signature of Client or

Parent/Guardian: _____ **Date:** _____