



NEW CLIENT
Intake Form for
Spiritual Guidance & Readings

Name: _____ Date: _____

Address: _____ City/State _____ Zip _____

Phone: _____ Email: _____

How did you learn of 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.

All sessions are for adults 18 years of age or older; 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 you make and the actions you take are solely your responsibility. By contracting her services, you agree to completely hold blameless and absolutely indemnify Healing Methods LLC and Susan deCaussin from any and all liabilities and expenses.

Client's Name: _____

Client's Signature: _____ Date: _____