

Spiritual Counseling & Mentoring

Client Information and Agreement Form

Name _____ Sex _____ DOB _____

Address _____

Phone _____ How did you find us? _____

Email: _____

What are your reasons for wanting this session?

Have you experienced Spiritual Healing/Coaching before? _____

Major issues or challenges at the present time _____

What would you like to talk about? _____

How do you feel? _____

May I refer to you as my client? Yes ___ No ___

May I refer to your case in Case Studies for information or to help others (without your real name or identity)? Yes _____ No _____

I allow Yuling Chansard to work with me. I understand that Spiritual and Energy work centers the mind and relaxes the body for natural healing to take place. Yuling neither diagnoses nor offers medication of any kind.

Signature

Date