

**NEW CLIENT FORM**

Please complete prior to your first session. Thank you for choosing Embrace Your Essence to assist you on your path of well-being! I look forward to working with you.

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred Pronouns \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(she/her/hers, he/him/his, they/them/theirs, ze/hir/hir, just your name, etc.)

Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ Occupation \_\_\_\_\_

Phone (main) \_\_\_\_\_ Phone (secondary) \_\_\_\_\_

E-mail \_\_\_\_\_

Your e-mail will be used to send appointment confirmations and reminders.  
If you would also like to sign-up for our e-letters please check the boxes that interest you below.

- |                                                                                                                      |                                                              |                                            |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Musings from the Journey—<br>Reflections on connecting more<br>fully with who we really are | <input type="checkbox"/> Announcements &<br>Classes & Events | <input type="checkbox"/> Important Updates |
|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------|

Best way to reach you (in the case of bad weather, illness, etc.) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

How did you hear about Embrace Your Essence? \_\_\_\_\_

What would you like to get out of our work together?  
\_\_\_\_\_  
\_\_\_\_\_

Please list any current or past health concerns (physical, mental, and/or emotional) that you would like addressed during your session. Please indicate a date for any past issues:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever received energy work? Yes/No How often? \_\_\_\_\_

Please list any allergies, or sensitivities to essential oils: \_\_\_\_\_

Please indicate if you have had an organ transplant, have a pacemaker/defibrillator or other electronic implanted device, or if your doctor has advised against increasing your immune system function, or circulation.

\_\_\_\_\_  
Do you require any special accommodations (i.e. pregnant, use a wheelchair, unable to lay on stomach or back, sensitivity to light, music, etc.)? If so, please explain:  
\_\_\_\_\_

Please read the following and sign below if you consent to receive healing work with Embrace Your Essence.

1. I understand that our work together will be kept entirely confidential.
2. I agree to show up on time for each session and that billing for my session begins at the scheduled time.
3. I agree that if I need to cancel or reschedule my appointment I will give Sarah at least 24 hour notice by phone (608.335.1934).

After one missed appointment or cancellation given with less than 24-hour notice (that was not due to medical emergency), any future appointments will be pre-paid in full at the time of scheduling.

If a pre-paid appointment is missed or cancelled with less than 24 hour notice, the payment will go toward paying Embrace Your Essence for the time reserved for you. There will be no transfers of payment toward other sessions.

4. I understand that Sarah does not accept insurance of any kind or work with insurance companies in any way.
5. I agree to pay according to the following fee schedule for healing sessions:

<u>Individual Sessions</u>	<u>Packages</u>
\$100 for 90 minute New Client Session	\$400 for Steady Support Package
\$95 for 75 minute Follow-up	\$180 for Fine Tuning Package
\$60 for 45 minute Follow-up (Child)	
\$20 for 15 extra minutes	<u>Inframat</u>
\$35 for 30 extra minutes	\$25 for 30 minutes
\$50 for 45 extra minutes	\$50 for 60 minutes

6. I understand that payment is due at the time of the session, or, in the case of distant sessions, 48 hours before the scheduled time. I understand that if I have scheduled a distant energy work session, that Sarah will not be able to conduct the session until she has received payment.
7. I understand that during the energy work portion of the session I will be asked to remove my shoes and will otherwise remain fully clothed. I understand that Sarah will use a variety of hands-on and hands-off techniques in order to balance my energy field. I have asked any questions I may have about the process and what to expect.
8. I understand that if I have any special needs or circumstances that it is my responsibility to communicate them to Sarah as soon as possible so that she can make the appropriate accommodations for my well-being.
9. I understand that my relationship with Embrace Your Essence falls within the domain of co-creating balance and facilitating enhanced self-awareness through the use of energy healing techniques.
10. I understand that the complementary therapies offered with Embrace Your Essence are meant to be used in conjunction with—to complement—conventional medicine, and are no substitute for care with a licensed medical professional.

---

Client Signature

---

Date

---

Parent/Guardian Signature (If under 18)

---

Date