Client Welcome & Intake Packet

Prepared by Marsha | Intuitive Origins

Welcome

Welcome, and thank you for choosing Intuitive Origins.

This space has been intentionally created to feel grounded, safe, supportive, and professional. My role is to gently guide you back to balance — mind, body, and soul.

Please complete this intake and consent form prior to your first session so that your experience is safe, aligned, and supportive.

Client Information

Full Name: _____

Preferred Name: _____

Phone: _____ Email: _____

Address: _____

City/Province/Postal: _____

Date of Birth (optional): _____

Occupation (optional): _____

Emergency Contact Name & Phone: _____

Primary Care Physician (optional): _____

Naturopath/Other Practitioner (optional): _____

Privacy & Confidentiality

Your personal information is collected for the purpose of providing safe wellness services and is stored securely in accordance with Canadian privacy standards. Information will not be shared without written consent except where required by law.

[ ] I consent to Intuitive Origins collecting and securely storing my information.

Signature: _____ Date: _____

Health & Wellness Information

[ ] Headaches/migraines

[ ] Anxiety or depression

[ ] PTSD or trauma sensitivity

[ ] Heart condition

[ ] High/low blood pressure

[ ] Diabetes

[ ] Chronic pain

[ ] Neck/back injuries

[ ] Joint pain/arthritis

[ ] Allergies

[ ] Epilepsy/seizures

[ ] Pregnancy

[ ] Recent surgery or injury

[ ] Cancer (past or present)

Current medications/supplements:

_____

_____

Anything I should know for your comfort/safety:

_____

_____

Informed Consent for Services

Services provided by Intuitive Origins may include meditation guidance, energy-based wellness support, and educational discussion of herbal and holistic wellness practices.

These services are complementary wellness practices and are not a substitute for medical or psychological care. Intuitive Origins does not diagnose, treat, cure, or prescribe.

I voluntarily consent to receiving services and accept responsibility for my well-being.

Signature: _____ Date: _____

Herbal & Holistic Disclaimer

Any discussion of herbs or natural wellness options is provided for educational purposes only. Clients are responsible for consulting a licensed healthcare provider before beginning any herbal or wellness regimen.

Emotional Well-Being Acknowledgement

I understand that meditation and energy wellness practices may bring awareness to emotions or memories. I accept responsibility for communicating any discomfort and understand I may pause or stop a session at any time.

Signature: _____ Date: _____

Liability Waiver

I voluntarily participate in services offered by Intuitive Origins and accept full responsibility for my participation and well-being. I release and hold harmless Marsha | Intuitive Origins from liability except where prohibited by law.

Signature: _____ Date: _____

Cancellation Policy

48 hours notice is required to cancel or reschedule appointments. Late cancellations, missed appointments, or no-shows are non-refundable and non-transferable.

Signature: _____ Date: _____

Testimonial Consent (Optional)

[ ] I consent to anonymous testimonials being shared for marketing

[ ] I do NOT consent

Signature: _____ Date: _____

Final Agreement

I have read and understood this entire welcome and intake packet and voluntarily agree to participate in services provided by Intuitive Origins.

Printed Name: _____

Signature: _____ Date: _____