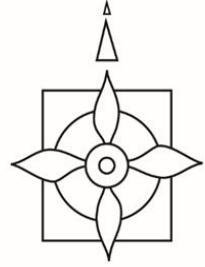


Zehnergy

Intake Form



Name:

Cell:

E-mail:

Date of Birth:

Birth Location

Current Medications and/or supplements:

Major Accidents and/or Surgeries:

List any other therapies both traditional & alternative that you have experienced:

List the intention, goal, issue/event, and/or physical problem you wish to address:

How would you rate your general state of health & well-being? Scale (1 low to 10 high) _____

How did you hear about *Zehnergy* and/or CoreIndividuation?

Disclaimer and Confidentiality Statement

I understand Kate Zehnter is a priestess/minister and will respect the confidentiality of any information shared between us. I do not expect any prescribed treatment or result and understand Kate does not diagnose or treat medical conditions like a physician, a psychotherapist or other licensed medical professionals. I hold Kate Zehnter harmless and I personally take full responsibility for my experience.

Signature

Date

Completed form may be printed or emailed to Zehnergy@yahoo.com & initialed during first appointment.