



# HEAVEN EARTH CONNECTION

## Client Intake Form

Name			
Date of birth		Telephone number	
Address			
e-mail			
Contacts in case of emergency (name and telephone)			
Medical/health condition, present or past?		Yes	No
If yes, please specify?			
Any surgery? Specify which procedure.		Yes	No
Smoke Y/N	Drink Y/N	Medications Y/N	Recreational drugs Y/N
Please, provide details for any of the above where you have answered Yes			
Reasons for requesting healing			
<i>All information is confidential</i>			
<i>I confirm that the information above is true and that I am willingly receiving crystal-healing/Reiki. I have been advised that Ottavia Mazzoni is a fully trained therapeutic healer and Reiki Master. I have also been informed that Ottavia will use other therapeutic healing techniques (including crystal healing, channeling and essential oils) as she sees fit. I hereby also give permission for my data to be kept by Ottavia for the purpose of future healing only. I understand my contact details will not be disclosed or handed to anyone else.</i>			
Signed		Date	
I agree to be contacted by Ottavia with regards to our healing sessions		Y	N