

Client History

Date: _____

Name _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

EMAIL: _____ Occupation _____

Home Phone _____ Cell _____ Work Phone _____

How did you hear about me? _____

Have you ever been seen by a Mental Health Professional? (therapist, etc.) ___y ___n If so, what for? _____

Please list conditions being treated for by a doctor _____

List any physical issues going on in your body including pain and its location: _____

List any other physical problems: _____

Spiritual Beliefs: Do you believe in a higher power? ___y ___n If so, what is that for you? _____

Have you ever studied or been involved in black witchcraft or the dark side of the occult? ___y ___n If so, please explain: _____

Please check any areas below that you could use help with:

Life Transitions:

- ___ Career Change/Retirement
- ___ Dealing with Divorce
- ___ Grief/Death

Personal Improvement:

- ___ Insomnia
- ___ Self-Confidence
- ___ Marriage Issues
- ___ Spirituality
- ___ Smoking
- ___ Weight Loss
- ___ Release Fears
- ___ Healing Relationships
- ___ Reduce Stress
- ___ Anger Management

Professional Development:

- ___ Marketing Techniques
- ___ Remove Blocks/Increase Prosperity
- ___ Relationship Issues: Boss/Coworkers
- ___ Public Speaking

Medical Issues:

- ___ Addiction
- ___ Anxiety
- ___ Other
- ___ Pain Management
- ___ Managing Disease/Dis-ease

Children & Teen Issues

- ___ Improve Grades/Study Habits
- ___ Obsessive Compulsive Disorder
- ___ Increase Self-Esteem ___ Sleep
- ___ Remove Fears/Phobias
- ___ ADD ___ Nightmares ___ Stress

Release consent: I hereby authorize Julie Geigle to assist me with the issues outlined above within a Spiritual Counseling/Hypnotherapy/Psychic Medium setting. I release Julie Geigle from any responsibility and/or liability in this and any session I attend. I fully understand that this is not a replacement for medical care and that I should consult my doctor before stopping or changing any medications that I am currently taking. I understand that there are no guarantees and it may take several sessions to achieve my goal. I am signing this before our session begins.

signature/date

witness/date