



# SHAYNE CASE

Intuitive Readings • Flower Essence Counseling • Herbal Consultations

## CLIENT INFORMATION

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Contact phone \_\_\_\_\_ (Home / Mobile / Work) Email \_\_\_\_\_

What is your preferred method of contact?  Email  Phone Okay to leave message?  Yes  No

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Gender:  Male  Female  Transgender Race or ethnic background \_\_\_\_\_

Relationships:  Single  Married  Partnership  Separated  Divorced  Widowed

Live with:  Spouse or partner  Parents  Children  Roommates  Alone

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

Emergency contact phone \_\_\_\_\_ (Home / Mobile / Work)

Which service(s) are you interested in? (Please bear in mind that only one of the following can be addressed in a one-hour session)

Spirit guide reading  Flower essence consultation  Herbal consultation

Medical issues: \_\_\_\_\_

What would you like to address in your session? (Please feel free to continue on the reverse if necessary)

Who may I thank for referring you? \_\_\_\_\_

Would you be interested to receive my newsletter?  Yes  No

I have visited the website and I have read and understand the policies therein:

Signature \_\_\_\_\_ Date \_\_\_\_\_