

Intake form. S.S.S.C. SafeSpaceSpiritualCoaching.com

Client Responsibility Agreement. Please note "Everything here is Confidential and only discussed between you and I.

This intake form is for the purpose of Services provided by

**Dana T Biondo - Safe Space Spiritual Coaching. All clients are responsible for payments in advance of services. - the intake process which includes and evaluation form of your history and current situations, conditions, intentions and desires. Please take your time answering the questions, be honest with your self and me. This will Create an opening
For the Transition to take place with in you.**

**I utilize multiple methods, modalities for your personal transformation
Specific to the issues you are facing in the moment.**

**The Healing/Revealing Art of VortexHealing. A Energy/VibrationionalSystem.
Founded by Ric Weinman.**

Vortex®Healing is a Powerful Healing art. Therefore it is to be expected that various situations can arise from studying or practicing this healing art. Certain problems, either physical or emotional, may be alleviated. Deep mystical experiences can occur, as well as life changing realizations. But sometimes, suppressed emotions or physical tensions may receive enough healing to be pushed to the surface, so they can be released or resolved and this process may create changes in one's life. And those changes can manifest physically, emotionally and spiritually. It is all part of the process.

I agree and give permission for the healing and “read” and “understand” the above paragraph and agree that the Vortex®Healing practitioner is Not responsible for any individual symptoms that may arise as a result of receiving Vortex®Healing treatments. I agree to take personal responsibility for whatever physical or emotional symptoms that may arise as part of the healing process of receiving the above treatments as well to take responsibility for seeking Medical Treatment when I perceive necessary.

I understand that my Vortex®Healing Practitioner is neither a medical professional nor a psychotherapists (unless he or she holds such degrees) and he or she is practicing neither medicine nor psychotherapy. Although my Vortex®Healing practitioner may comment on the nature of body energetics and consciousness in relation to disease and mental health, it is understood that these comments are not intended as advice for any course of action for any medical or mental issues that I may have.

I have read, understand and agree that Vortex®Healing treatments do not take the place of medical treatment or evaluations, when needed. I understand that any payments for sessions are not for any specific results however they are for the time the practitioner takes with me. I agree I am liable for payment in advance for any scheduled appointment unless I give notice of cancelation of 24 hours beforehand.

Client Print Name_____

Sign name_____

List of Beginning Questions.

August 2021.

Do You Give Permission for The Healing/Revealing/Rebalancing?

I Agree to be Honest and True with All Questions in order to Create the best possible protocol for my deepest healing transformation.

Name; Birthday, Time of Birth, Place of Birth. Phone Number. Email.

Married, Single? Family Status - Children?

Please list your most "recent" Medical procedures and Prescription Drugs you have Received within the past 24 months or any relevant time frame related to this intake. Have you received the Covid 19 Vaccine? If so how many, or Boosters?

Current Health Conditions ? - Practices?

Are you a smoker?

Do you drink alcohol?

Street Drugs?

Prescription Drugs?

Exercise regime?

Are you aware of this incarnation and it's purpose?

Do you give permission for the healing? Are you Ready to Transcend your life?

Do you Believe in Organic Healing?

Are you familiar with Energetic, or Vibrational Healing? Aka Natural Healing.

Have you had a diagnosis ?

Does it feel right to you?

Have you had a Medical condition that would contribute to this situation?

Have you had or are you having any Domestic Violence? Do you feel comfortable talking about this? Are you OK Sharing this with me? Have you reported it?

Do you intend to report it? If so, when, to whom? Are you seeing a Medical Doctor, L.S.W, Psychotherapist Psychologist or another Health, Wellbeing practitioner?

Have you had any of the following?

Car accidents, broken bones, Dis ease? Psychological? Mental, Emotional diagnosis? Sexually transmitted Dis - ease? Death of family or friends? Etc?

Do you have Any Body Conditions Bruises?

Organ Transplants? Implants? Organ Disorders? Sex Change?

Major traumas?

Do you remember any turning points that may have contributed to this?

How old were you?

What are your symptoms?

Have you felt suicidal?

Do you feel hopeless?

What is your belief system?

Do you feel comfortable with the word God?

Do you believe God is a loving God?

What is your definition of love?

What's your definition of true happiness?

Have you? seen a Chiropractor, Naturopath? D.O.M. ?

Ayurvedic Practitioner? Homeopathic Doctor?

Do you have a regular Doctor? What kind?

How many siblings do you have?

Any Children?

What is your intention for this healing?

What is your primary focus for the next 12 months?

How can you create this? How can you love Your Self more on a daily basis?

How can I pamper My Self?

How can I honor My Self?

What is most important in my life right Now for Me?

What is it I most want in my life right Now?

Do you have anything you would feel comfortable sharing you have not shared thus far?

Do you have any Allergies to Prescription Drugs and or Herbal Medicine? Essential Oil Sensitivities? Food or Spice sensitivities? Drink Sensitivities? Sugar, or Artificial Sweeteners Sensitivities? Do you have a Conventional Diet or Organic Diet?

Are you currently taking Medications?

Any History of Drug abuse or Alcohol? Major Medical Conditions ie Cancer or chronic Disease? Depresión? Diabetes? STD. Sexually Transmitted Disease? Mental Disorders?

Any Surgeries? Hospitalizations? Cosmetic Surgeries?

Any Conditions with the Eyes, Ears, Nose or throat? Skin, Nervous System?

Musculoskeletal?

Endocrine - Weight loss??

Hunger,

Hot or Cold??

Dry Skin?

**Respiratory - Breathing Problems? Digestive? Urinary? **

Head, Neck Pains?

Tired, Depressed, Trouble Sleeping? Anxiety? Anger? Hopeless?

Male Genital Problems?

Female Genital Problems?

Miscellaneous? All for now.

Thank you for your answers!