

WELCOME

Name _____

Date _____

Address _____

Phone _____

Email _____

Age? _____

Profession? _____

Relationship? _____

Please fill out briefly or circle (*signifies important)

*Are you familiar with energy work? yes no which types? _____

Are you familiar with psychology and had psychology sessions? yes no how much or yrs.

*Are you on any antidepressants or medications? _____

*Have you been diagnosed with any psychological states? no yes which states? _____

Physical issues you wish to deal with today? _____

Emotional traumas you wish to address or share? _____

Birth or near death traumas? _____

What is not what you would like in your life and would like to resolve? _____

Any recurring patterns? _____

What is up for you in your process that you wish to deal with today? _____

Are you looking for a once only session, or commit to your healing journey with a limited

or unlimited ongoing series ? _____

Honoring: ALL INFORMATION IS CONFIDENTIAL AND PRIVATE, AS IS THE CONTENTS OF THIS SESSION. *Please read and sign

24 hour notice policy agreement: I agree _____ (initial plz)

I _____, fully understand that Kate Loye is an Ordained Healing Arts practitioner, fully certified and trained in many healing arts modalities, and legal to touch in N.Y. State. Kate Loye is not a Medical Doctor, and any physical, mental or medical concerns should be addressed by a qualified Medical practitioner. BLESSINGS

KATE LOYE ~ CELESTIAL SHAMANISM ~ SOUL LISTENING