

EMPOWERED & AUTHENTIC LIVING, LLC
Ana Roussev, Spiritual Coach and Energy Healer
Lisa Aranas, JD, LCPC, Life Coach and Therapist

INTAKE

Today's Date ____/____/____

Client Name: _____

DOB: ____/____/____ Age: ____

Parent/Guardian Name: _____

Address: _____

City: _____ State _____ Zip _____

Cell Phone: _____

Email: _____

Please indicate if would like to receive occasional emails from EAL: YES___ NO ___

Please indicate reason for visit

Energy Healing ____

Spiritual growth ____

Personal Growth ____

Mental Health Issues ____

Physical/Medical Issues ____

Purpose in Life ____

Understanding Meaning in Life ____

Relationship Issues ____

Other Reasons

How did you hear about EAL? Check all that apply

I am a returning client ____ Another client recommendation ____

EAL website ____ Internet ____

Other _____