

# Aura Cleansing Consent and Intake Form

## Personal Information

Full Name

Date of Birth

Contact Information

## Health Information

Are there any current health concerns?

Are you currently taking any medications?

## Session Goals

What are your intentions/goals for this aura cleansing session?

## Consent

☐ I consent to receive the aura cleansing session and understand this is not a substitute for medical treatment.

☐ I understand my information will be kept confidential.

Signature

Date

