

The Soul Cadence

Client Intake and Information Form

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

1. What are your current health and wellness goals?

2. Please share any relevant medical history (including surgeries, diagnoses, or chronic conditions).

3. Are you currently taking any medications or supplements? If so, please list them.

4. Do you have any known allergies or sensitivities (physical, emotional, or energetic)?

5. Have you had any prior experience with sound healing, yoga, meditation, or energy work?

6. Do you have any preferences or comfort considerations you'd like me to know about (e.g., lighting, temperature, volume)?

7. How would you describe your current emotional state or anything you're currently navigating?

8. Do you consent to optional, respectful touch for adjustments or grounding purposes during

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sessions? (Yes / No)

Signature: _____

Date: _____