

Grace Labyrinth, LLC

Space Clearing & Blessing Intake Form

First Name _____ Last Name _____

Phone _____ Email _____

Address _____ City, State, Zip _____

Is the above address the location of the Space Clearing & Blessing? Yes ___ No ___

If no, please list location of the Space Clearing & Blessing (Address, City, State, Zip).

Is the Clearing & Blessing for a house, business location, or other location?

House ___ Business Location ___ Other Location ___

If other location, please describe. _____

Is the Clearing & Blessing location greater than 30 miles one way from Grace Labyrinth Wellness Center, 16515 S. 40th St., Suite 125, Phoenix, AZ, 85048? If yes, please ensure that you clicked on "Travel Fee" for payment when scheduling. Yes ___ No ___

Emergency Contact _____

Emergency Contact Phone Number _____

How did you hear about Grace Labyrinth Wellness Center?

___ Family/friend/colleague ___ Web search ___ Healthcare Professional Other _____

If referred, by whom? _____

Have you ever had a Space Clearing & Blessing before? Yes ___ No ___

If you feel comfortable, please share your Space Clearing & Blessing experience.

What is your goal or intention for your Space Clearing & Blessing? If appropriate, please share specific events that you, family, friends, and/or coworkers have experienced that have led you to seek this service.

Are you or anyone else located in the location sensitive to any essential oils and/or fragrances?

Yes___ No___

If yes, please list essential oils and/or fragrances you or anyone else located in the location are sensitive to. _____

If you feel comfortable, please share your spiritual and/or religious affiliation (God, Universe, Mother Earth, Spirit Guides, Angels, etc.).

Please sign below to certify that the information you provided above is true and accurate.

Client Signature

Date