

Grace Labyrinth, LLC

Long Distance Space Clearing & Blessing Intake Form

First Name _____ Last Name _____

Phone _____ Email _____

Address _____ City, State, Zip _____

Is the above address the location of the Long Distance Space Clearing & Blessing? Yes___ No___

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

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

House___ Business Location___ Other Location___

If other location, please describe. _____

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 Long Distance 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.

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