

La Vita Healing

Client Intake & Intention Form

Basic Information

Name: _____
Date: _____
Email: _____
Phone (optional): _____

1. Your Intention

What inspired you to seek support through La Vita Healing?

_____
_____

What are your intentions for this session/program?

_____
_____

2. Goals

What are 3 things you would like to accomplish?

1. _____
2. _____

3. _____

3. Emotional Landscape

What 3 feelings do you experience most often daily?

1. _____
2. _____
3. _____

Nervous System Regulation (circle one):
1 2 3 4 5 6 7 8 9 10
(1 = overwhelmed, 10 = calm & grounded)

4. Energy & Chakra Awareness

Please check areas where you feel blocked or heavy:

■ Root (Safety, stability)
■ Sacral (Creativity, emotions)
■ Solar Plexus (Confidence, boundaries)
■ Heart (Love, grief)
■ Throat (Expression)
■ Third Eye (Clarity)
■ Crown (Purpose, connection)

Describe any sensations or patterns:

_____
_____

5. Current Support

Are you currently working with a licensed therapist or doctor?

■ Yes ■ No

If yes, would you like this work to complement that support?

_____

6. Health Considerations

Do you have any medical or psychological conditions I should be aware of?

_____
_____

7. Commitment

What does showing up fully for yourself look like right now?

_____
_____

Acknowledgment

■ I understand that La Vita Healing sessions are wellness-based and not medical treatment.
■ I take full responsibility for my participation.
■ I agree to communicate if I feel overwhelmed.

Signature: _____
Date: _____