

Space Clearing Intake Form



Client Information

Owner/Occupant Name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Room / Space Information

Space clearing address: _____

Is the space of concern contained in a specific location/s at the above address? If yes, please advise: _____

Are there any hazardous areas or objects in the space? If yes, please advise: _____

Do you know much about the history of the space? If yes, please advise: _____

How do you feel when in the space? _____

How much time per day do you spend in the space? _____

Will you be present in the space as I clear it? Yes No

Do you own the space? Yes No

Do you live in the space? Yes No

Will you allow me to move object/furniture during the clearing? Yes No

*Will you allow me to use a 'smudge stick' (burning dried herbs) in the space? Yes No

Are you open to making long term changes for the space, if suggested? Yes No

*An alternative herbal based Smudge Spray may also be used in lieu of burning smudge stick

Clearing Information

Do you need me to explain what I will be doing for the clearing before I start? Yes No

Have you ever had this space cleared before? Yes No

If yes, how long ago and what was the outcome? _____

What are your goals for the clearing? Tick all that apply:

Physical relief Yes No If yes, please explain: _____

Emotional relief Yes No If yes, please explain: _____

Spiritual relief Yes No If yes, please explain: _____

Please add any other notes about your goals for the clearing here: _____

Client acknowledgments

Whilst this energy space clearing session will be focused on clearing the area's energy, if at any time during or after the clearing session, you feel unwell or uneasy, please advise your healer. You're welcome to provide insights/experiences during the session, if it will assist in the session, or you can advise upon the closure of the session.

You acknowledge that if any valuable or fragile objects have been removed from the area, or stowed/locked away for security; as well as have advised the healer of potential hazards (if applicable) in the location.

By signing the below, you agree you have completed this form as honestly and completely as possible, and will advise if anything changes at any time; you understand that space clearing and energy healing is a natural, non-invasive modality to help improve the energy in a space and should not be used to replace urgent or essential treatment by a medical practitioner.

Client's signature: _____ Date: _____

Healer acknowledgements

By signing the below, you agree to perform your space clearing session with pure, loving intention in order to serve your client's area's greatest and highest good, and have also advised your client of what to expect before, during and after the session has been completed.

Evan J. Sandoval is a complimentary and alternative health care practitioner and is not licensed by the state of New Mexico. There is currently no license available for the services provided. All services and treatments provided are complementary or alternative to health care services provided by health care practitioners currently licensed by the state of New Mexico.

Healer's Signature: _____ Date: _____