



NORAN KNOWS

# New Client Intake Form

Date

Name

Date of Birth

Phone

Time Zone

Email Address

How did you hear about my services?

Are you comfortable talking about the following:

Astrology

Your feelings

Visualizations

Do you give me permission to tune in and do remote healing?

Please use a separate piece of paper to list anything of concern, whether it be a doctor's diagnosis, symptoms, a feeling, or anything at all. Nothing is too small of an issue if it's something concerning you. I will address all of those as well as any important nutritional issues. Please also list any vitamins, supplements and if possible the brand and/or pharmaceuticals that you are using.

I \_\_\_\_\_ understand and agree to the following: (1) Noran Siegel bases his analysis/healing on his intuition and is not a doctor. (2) You give me permission to "look" at what conditions might be causing your issues including physical, psychological, emotional, and/or spiritual. (3) Any of the information and advice given is merely a suggestion and not a prescription. This reading is NOT to be substituted for the advice of a health care physician and is for informational purposes. It is not intended to diagnose, cure or take the place of any medical treatment or physician.

All services are confidential to protect your integrity as a client. This information is solely for me to gain the information I need to support you on your healing journey.

Signature

Your Ultimate Goal

Send to [noran@noranknows.com](mailto:noran@noranknows.com)

