DAVID DOLCE HEALING

1:1 Spiritual Guidance — Client Intake Form

Founded by Anthony David LoDolce

Welcome to David Dolce Healing. This form helps me better understand what brings you to spiritual guidance, what you hope to receive from our time together, and how I can best support your personal and spiritual growth.

CLIENT INFORMATION

Full Name: _____

Preferred Name: _____

Date of Birth: _____

Email: _____

Phone: _____

City/State/Country: _____

Preferred Contact Method: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship: _____

ABOUT YOUR JOURNEY

1. What led you to seek 1:1 Spiritual Guidance at this point in your life?

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2. What would you most like support with?

Check all that apply:

☐ Self-love and self-worth
☐ Forgiveness
☐ Boundaries
☐ Family or relationship challenges
☐ Grief and loss
☐ Major life transition
☐ Finding purpose
☐ Spiritual growth
☐ Letting go and detachment
☐ Rebuilding trust in yourself
☐ Moving beyond survival mode
☐ Meditation or mindfulness
☐ Personal growth
☐ Other: _____

3. If our work together were helpful, what would you hope to feel, understand, or approach differently?

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4. Are there spiritual practices, traditions, beliefs, or philosophies that are important to you?

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5. Are there subjects, beliefs, or practices you would prefer not to incorporate into our conversations?

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6. What does healing mean to you personally?

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7. Is there anything about your current circumstances that you believe would be important for me to understand before our first session?

PROFESSIONAL SUPPORT

Are you currently receiving support from a licensed therapist, counselor, psychologist, psychiatrist, physician, or other healthcare professional?

☐ Yes
☐ No
☐ Prefer not to answer

If there is information about your professional support that you would like me to know, you may provide it below:

IMPORTANT SAFETY INFORMATION

David Dolce Healing provides spiritual and personal-growth guidance. It does **not** provide psychotherapy, diagnosis, mental-health treatment, medical treatment, substance-use treatment, or emergency/crisis services.

If you are experiencing an emergency, believe you may harm yourself or someone else, or require immediate medical or mental-health assistance, please contact emergency services or an appropriate crisis service rather than waiting for a David Dolce Healing appointment.

ACKNOWLEDGMENT

I understand that the information I provide is intended to help facilitate spiritual-guidance services. I understand the nature and limitations of the services offered by David Dolce Healing.

Client Name: _____

Signature: _____

Date: _____