

Intuitive Wellness Case Study Report Form

Therapist Name:		
Client Full Name:		
Phone #: Email:		
Intuitive Therapy Session In	formation	
Date of Session:		
How did your case study client re	espond to the Intuitive Therapy session? Comments and observations:	
Length of Session:		

Volunteer Case Study Client Information	
Full Name:	
Phone #:	Email:
Personal Information	Release Statement
requirements. Disclosure	be used by the above named Practitioner as part of the practicum certification of this information is strictly confidential. Your signature grants permission to release Gisèle Brun for said practitioners' Certification purposes only.
Volunteer Client's Signatu	re