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CONFIDENTIAL PERSONAL SUMMARY OF INTENTION

Full Name _____ Date _____

Primary Phone _____ Secondary Phone _____

Address _____ Postal Code _____

Primary Email _____ Date of Birth _____

Occupation _____ Referred by _____

Primary Intention for Session: in which aspect(s) of your life are you seeking healing and clarity?

Anything else you would like us to know?

I understand that I am consenting to receiving energy healing which aids in the synchronization of the bodymind complex at the physiological, biochemical, circulatory, nervous, emotional, and/or energetic levels.

Signature