

Spiritual Response Therapy

Client Information and Agreement Form

Name _____ Sex _____ DOB _____

Address _____

Phone _____ How did you find us? _____

Email: _____

What are your reasons for wanting this session?

How do you feel? _____

Have you experienced Energy Healing/Coaching before? _____

May I refer to you as my client? Yes ___ No ___

May I refer to your case in Case Studies for information or to help others (without your real name or identity)? Yes _____ No _____

I allow Apryl Lacina to work with me. I understand that Spiritual Response and Energy work centers the mind and relaxes the body for natural healing to take place. Apryl neither diagnoses nor offers medication of any kind.

Signature

Date