

Client Information Form for Holistic Session only

Personal Details:

- First Name: _____
- Last Name: _____
- Date of Birth: // _____
- Age: _____
- Gender: _____
- Address: _____
- Email: _____
- Primary Language Speaking: _____

Contact Information:

- Phone Number: _____

Health Information:

- Are you currently undergoing any medical treatment or have any medical conditions?
(Yes/No)
 - If yes, please provide details:

 - _____
- Name of current Medical Doctor in charge:

- Doctor's Office phone number:

Hypnosis Experience:

- Are you familiar with Hypnosis? (Yes/No)
- _____

If yes, what kind of hypnosis session did you have?

(Please specify, Past Life Regression, Smoking Cessation, Stress Reduction, etc.)

Reason for Contact:

- Why are you seeking “Holistic” assistance from TiareNui?

- "What specific concerns or areas are you seeking assistance with, or are you curious about?" _____

***Request Modality free Pre/talk 15 minutes Session Zoom:**

- QHHT _____
- Soul-Speak _____

Disclaimer:

As a Holistic Health Practitioner, TiareNui is committed to providing the highest level of care to all clients. She is certified in various metaphysical modalities including Energy Healing and Hypnosis. However, she does not provide diagnosis or treatment advice. If you have any specific concerns, it is advised to seek the opinion of a medical doctor.

Please note that holistic approaches are alternative or complementary treatments that are not officially recognized by Western medicine or the FDA. These practices should not replace regular medical treatments or medications, but rather can be used in conjunction with conventional therapies to improve overall well-being and alleviate certain conditions.

It is important for individuals to obtain consent from their primary care physician before seeking out additional non-invasive holistic practices. This can ensure that the holistic approach is appropriate for the individual's unique needs and does not interfere with any current medical treatments or medications.

Every individual has a unique foundation and may react differently to different holistic disciplines. Not all holistic practices are suitable for everyone, and it is essential to work in trust with your chosen qualified practitioner to determine the best course of action for each individual's specific needs.

In situations where TiareNui determines that her competencies or coaching approach may not be the most suitable match for a client's unique needs, she reserves the right to refer them to another qualified practitioner who possesses the necessary expertise to address their specific concerns. Her top priority is to ensure that clients receive the most appropriate and effective service possible.

By signing below, you acknowledge that you understand the session is conducted on your free will without coercion or misinterpretation, and that it is intended for spiritual growth and transformation only.

Confidentiality Statement:

All aspects of this process, including form completion, any pre-talk over Zoom or phone, and the session itself, are entirely confidential between the client and practitioner. It is imperative that this confidentiality is respected at all times by both parties to maintain trust and privacy. All information shared during any phase of this process will be held in strict confidence.

Client's Name (Printed): _____

Client's Signature: _____

Date: _____