

**Sacred Path Healing  
c/o Dr. Ruey Ryburn  
3649 Nihipali Place  
Honolulu, Hi 96816**

## **Application and Confidential Profile**

A deposit of \$100 is required with your completed application and consent/release forms.

Please answer all questions. Mark NA if not applicable.  
Please PRINT clearly with blue or black ink.

### STUDENT INFORMATION

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First Name	MI	Last Name
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Street Address

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City	State	Zip Code
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Home Phone	Work Phone
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Email	Cell Phone
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Date/Time/Location of Birth (for Astrological Reasons)	Present Age
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Gender	Marital Status
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Children? Ages and Gender

### HEALTH INFORMATION

List medications currently being taken or taken within the last two years. Please list conditions for which they are/were being taken.

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List present physical problems.

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Have you even been hospitalized? Yes \_\_\_\_\_ No \_\_\_\_\_

Reason and year \_\_\_\_\_

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**Sacred Path Healing Application and Confidential Profile, p. 2**

Have you ever been treated for psychological difficulties requiring extensive therapy and/or medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, for what and when? List dates.

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List the therapeutic/spiritual groups in which you presently participate for support and any training or study in spiritual growth, healing, or health care you have had. State frequency of what you currently do in this context.

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Answer the following question: what does healing mean to you?

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**IN CASE OF EMERGENCY CONTACT:**

First Name	MI	Last Name	Relationship To You	
Address		City	State	Zip Code
Home Phone		Work Phone		Cell Phone

**SIGNATURE**

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Name \_\_\_\_\_ Date \_\_\_\_\_