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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER EMAIL ADDRESS

HAVE YOU SEEN A SPIRITUAL HEALER BEFORE? – YES OR NO

IF YES, DID YOU FIND IT HELPFUL? – YES OR NO

WHAT BRINGS YOU HERE TODAY?

WHAT ARE YOU HOPING TO GET OUT OF YOUR SESSION?

IS THERE ANYTHING ELSE THAT YOU THINK I SHOULD KNOW?