

## Disclaimer and Informed Consent

I understand Laura Coutcher is a spiritual practitioner, offering spiritual, shamanic, and energy healing. She also offers related advice and coaching.

I understand that I might experience some discomfort as various issues arise while I am healing myself and my environment. I understand that I am responsible for my own health, healing and well-being.

I further understand Laura Coutcher's services, techniques, and/or advice are not a substitute for medical diagnosis and treatment, and no medical claims are made regarding these services. People with any medical or psychological conditions should consult an appropriate health care practitioner.

I choose to have Laura Coutcher provide me various healing practices even though they may have no effect on me because of factors beyond my control or the control of Laura Coutcher. The results differ from individual to individual. There is no guarantee of change or improvement.

I agree to allow Laura Coutcher to help me without recourse or responsibility. I have read, understand and agree to abide by the terms published herein and/or on related websites and publications.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Laura Coutcher, and/or Open Heart Spiritual Healings, and all aliases from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s)/services/advisements.

I acknowledge I have read and understand this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone (preferably Cell, to allow texting)

\_\_\_\_\_  
Address including Town, State and Zip Code

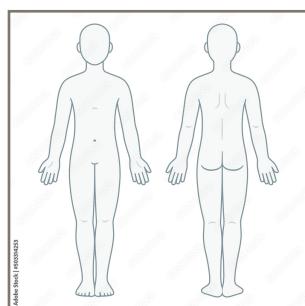
\_\_\_\_\_  
Full Birth Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
Email Address for follow up communication(s)

Please mark any areas of physical discomfort or pain. Can also shade in an area if that helps to better describe the affected area(s).



Please mark an x inside the box of any applicable issues or concerns.

- ☐ Angry or quick to anger
- ☐ Anti-social behavior
- ☐ Argumentative
- ☐ Bad attitude
- ☐ Bad dreams
- ☐ Bad luck
- ☐ Bed wetting
- ☐ Brain fog
- ☐ Difficulty letting go of negative thoughts
- ☐ Dislike of self
- ☐ Dizziness
- ☐ Drink too much
- ☐ Feeling attacked emotionally, energetically or spiritually
- ☐ Feeling Incapable
- ☐ Feeling dominated by another person(s)
- ☐ Feeling stuck or prevented from moving forward in life
- ☐ Grief
- ☐ Inability to focus attention
- ☐ Migraine headache
- ☐ Negative outlook on life
- ☐ Nervousness
- ☐ Physical illness - \_\_\_\_\_
- ☐ Sadness
- ☐ Sleeplessness
- ☐ Smoke too much
- ☐ Stubborn / Rigid (Cannot be flexible)
- ☐ Suicidal tendencies
- ☐ Trauma - \_\_\_\_\_ age \_\_\_\_\_
- ☐ Violence

Please note that most often this healing work is a process, not one and done. This healing work can and should be repeated every 30 days until desired results have been achieved, then occasionally for maintenance.