



SUBCONSCIOUS IMPRINTING
REVEAL | REPROGRAM | RESTORE

We appreciate the opportunity to discuss your current symptoms and concerns. We wish to make it clear that it is not our intention to diagnose or prescribe, but to offer recommendations and information to help you on your journey of transformation. If you require medical assistance, please consult a medical practitioner.

In this session, the practitioner may discover the “root-cause” of your current symptoms through conversation and muscle testing. The root cause is often a hidden belief or decision you made due to a specific life event, experience, trauma or influence.

The practitioner may ask deeper questions to gain a better understanding of the event so he/she can effectively remove the impact it’s had on your Subconscious Mind and in your current life.

Please know, the practitioner is not intended to act like a licensed therapists or counsellor. You have control of the session and will never be pushed to release information you’re uncomfortable with talking about.

Before signing this form, please consult the practitioner with any questions or concerns you may have.

By signing below, you agree that THE PRACTITIONER is not responsible or liable for any adverse side effects, nor are they guaranteeing immediate results. You’re also stating that you have had the opportunity to ask questions, and agree to receiving the modality of Subconscious Imprinting Technique.

Client Name _____ Date _____

Client Signature _____

Practitioner Name _____

Practitioner Signature _____