

EES REMOTE HEALING PROGRAM

REQUEST & CONSENT FORM

Name _____

Address _____

City, State _____ Zip _____

Email _____ Phone _____

This program is a combination of local and non-local healing, which means healing energy will be projected at a distance and some through actual Hands-On Healing in the EES room (if you reside in the Austin area). Except for the Bronze program, two hours of EES is included in all of the Remote Healing packages we offer. If additional hours are desired, they can be purchased on the EES website at 50% off. Use Coupon Code Remote50.

Which program are you participating in:

Bronze _____ \$100

Silver _____ \$350

Gold _____ \$450 Beginning Date _____ Ending Date _____

Paid _____ How paid? _____

YOUR NEEDS

Provide details on what you need assistance in healing. Also give approximate dates for when the imbalance began occurring. *(Example: "Five years ago I had surgery to remove 1/3 of my stomach due to an ulcer. After the surgery, I have had continued problems with my stomach and my gall bladder" and/or "I have been severely depressed since the death of my husband three years ago.")*

Do you have any familiar or favorite Angels, Guides, Avatars, or Parents, Grandparents or past Teachers on the "other side" that you would like to invite into your healing sessions? Name them

here and the nature of your relationship with them. (Example: Jesus, Mother Mary, Buddha, Quan Yin, my Mentor, Louie, my great grandmother Gammy ...etc.)

What are some of your greatest desires? _____

What are some of your greatest fears? _____

When do you feel the most at peace with yourself? _____

What are some things that make you feel happy and fulfilled? _____

Are you committed to the process of Remote Healing and expect results? _____

Do you have a special space where you have gone on vacation or wish to go? Describe a place that brings forth memories of peace, comfort and safety. _____

Attach a photo of yourself to this Request.

I consent to the Remote Healing Projection/prayer/intention, and understand there are no guarantees as to the effectiveness of this service. I understand the healing projection services are not intended to take the place of any other medical or holistic advice and/or treatment. I understand these healing prayers are intended to help support my healing journey.

Dated this ____ day of _____, 202__.

Recipient

EVALUATION SURVEY

(Complete and return after each Remote Healing Session)

Name _____ Date of Session _____

What # is this session _____

On a scale from 1 to 5, rate your experience based upon 3-6 hours BEFORE or AFTER.

Be sure to cite examples in Comments, such as *“I felt motivated to take steps towards improving my nutrition ...”* These comments are not limited to your health and wellbeing.

1. BEFORE the remote healing transference, MENTALLY I felt:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

2. AFTER the remote healing transference, MENTALLY, I felt:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

Comments _____

3. BEFORE the remote healing transference, EMOTIONALLY I felt:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

4. AFTER the remote healing transference, EMOTIONALLY I felt:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

Comments _____

5. BEFORE the remote healing transference, PHYSICALLY, I felt:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

6. AFTER the remote healing transference, PHYSICALLY, I felt:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

Comments _____

7. BEFORE the remote healing transference, overall my ATTITUDE was:

Poor	Fair	Good	Very Good	Excellent
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1 2 3 4 5

Comments _____

7. AFTER the remote healing transference, overall my ATTITUDE was:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

Comments _____

8. BEFORE the remote healing transference, overall my sense of OPTIMISM was:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

9. AFTER the remote healing transference, overall my sense of OPTIMISM was:

Poor	Fair	Good	Very Good	Excellent
1	2	3	4	5

Comments _____

10. BEFORE the remote healing transference, my DEPRESSION was: _____

(Indicate N/A above if no depression)

Very High	High	Slight	Low	None
1	2	3	4	5

11. AFTER the remote healing transference, my DEPRESSION was: _____

(Indicate N/A above if no depression)

Very High	High	Slight	Low	None
1	2	3	4	5

Comments _____

Since your last session, how many times did you listen to your custom-created Guided Imagery _____

Additional Comments about changes or shifts in your sense of Self:

