

Informed Consent for Bioenergy Therapy Conducted by Anna Bartoszewicz

- I voluntarily agree to undergo bioenergy therapy carried out in accordance with the principles outlined on the website www.annabarto.life
- I understand that the therapy consists of 4 sessions — one session per day over 4 consecutive days, with each session lasting between 15 and 40 minutes.
- In the case of remote sessions, I always choose a safe location for myself, away from bodies of water.
- I understand that I may interrupt a session or discontinue the therapy at any time without giving a reason.
- I have read and understood the information provided on www.annabarto.life regarding how to prepare for a session, what to expect during and after a single session and the entire course of therapy, as well as the suggested timeframe for undergoing another course of therapy.
- I understand that I may request additional information about my therapy at any time.
- Before and during the therapy, I voluntarily provide accurate information about my current health condition and willingly send my photographs, which will be used solely for the purpose of my therapy.
- I select what applies to me:

<input type="checkbox"/> Dizziness (I easily lose balance)	<input type="checkbox"/> Emphysema
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Silicosis
<input type="checkbox"/> Spinal injury	<input type="checkbox"/> Asbestosis
<input type="checkbox"/> Severe body pain	<input type="checkbox"/> Sarcoidosis
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Alzheimer's disease
<input type="checkbox"/> Pulmonary fibrosis	<input type="checkbox"/> Severe memory loss
<input type="checkbox"/> Facial nerve paralysis (*Paresis Facialis, *Paresis Trigemini)	
<input type="checkbox"/> Inflammation on the body, upper or lower limbs – please state the diagnosis:	

- I voluntarily provide accurate personal information in this form.

First Name:	
Surname:	
Preferred contact method (phone number, WhatsApp, Skype, Messenger): 	
Date:	Signature: