

Cynchronisity

Biofeedback & Energy Work



Harmonic Energy Balancing System & Biofeedback Basic Information Form

Name: _____ Date: _____

Home Address: _____ City: _____ State: _____

Zip: _____ Move-in Date: _____

HomePhone: () _____ - _____ Cell Phone: () _____ - _____

E-Mail: _____

Place of School/Employment: _____

School/Work Address: _____

Birth Date: _____ Birth Time (if known): _____ Birthplace: _____
Month / Day / Year City, State

Profession: _____

Do you enjoy your work or school? If not what would your heart desire to be doing with that time instead?: _____

_____ I am pregnant or may be pregnant. _____ I wear a pacemaker

_____ I give consent for above information to be used for my purchase

Harmonic Energy Balancing System _____ (initial)

Over 90% of all disorders and disease is caused by stress! Every trauma you have ever experienced is stored in your cells and produces erratic vibrations that lead to disharmony, followed by injury and disease. Please indicate which stressful traumas you have experienced in your lifetime:

_____ death of loved ones _____ accidents _____ separations / divorces _____ natural disasters _____ loss of employment _____ surgeries / hospitalizations _____ abandonment by parents

_____ miscarriages / abortion _____ school related traumas _____ diagnoses _____ family dramas

_____ spiritual / church conflicts _____ Other: _____

Whom may we thank for your visit with us today? _____

*I understand that a minimum of 24 hour notice is required for cancellation of appointments otherwise I will incur and be charged the **total** cost of scheduled appointment as session will then proceed remotely.*

Client Signature: _____

Please let us know if you have any questions or concerns.

On the back, please list 5 techniques you have used today for your relief of stress reduction