***Jenny Harps, MA, CMT, CHT, CYT***

*Awake & Aware, LLC*

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**Confidential Client Information**

**NAME:** Click here to enter text. **BIRTH DATE:** Click here to enter text.

**ADDRESS:** Click here to enter text.

**BEST CONTACT PHONE:** Click here to enter text. **TEXTS?** Yes[ ] No[ ]

**E-MAIL ADDRESS:** Click here to enter text.

**REFERRED BY:** Click here to enter text.

**WHAT PHYSICAL, MENTAL, EMOTIONAL OR SPIRITUAL ISSUES DO YOU WISH TO ADDRESS?** Click here to enter text.

**DO YOU HAVE SPECIFIC GOALS?** Click here to enter text.

**PLEASE NOTE ANY ACCIDENTS, INJURIES, SURGERIES AND LIFE CIRCUMSTANCES THAT MAY BE INVOLVED IN YOUR HEALING PROCESS:**  Click here to enter text.

**DO YOU WEAR CONTACT LENSES OR DENTAL FIXTURES?** Click here to enter text.

**IS THERE ANYTHING ELSE YOU NEED ME TO BE AWARE OF?** Click here to enter text.

I understand that Craniosacral Therapy, Hypnotherapy, Yoga, and Communication & Relationship Skills, involve neither medical diagnosis nor medical treatment. I hereby release Jennifer G. Harps and Awake & Aware, LLC from all legal responsibility for any mental, physical, or emotional symptoms experienced due to my healing exploration. I will immediately indicate if I experience any kind of discomfort during a healing session so that the session may be redirected. I understand that no illicit or sexually suggestive remarks are permitted and that they would cause the session to be immediately terminated with full payment required. I am aware of the **24 hour cancellation policy** and I will be responsible for full payment of any session cancelled less than 24 hours before my appointment. No payment is expected in cases of true emergency. An emergency may include last minute illnesses or car troubles but does not include last minute personal or professional schedule changes.

**SIGNATURE (my typed name denotes my online signature):** Click here to enter text.

**DATE:** Click here to enter text.