

# Spiritual Response Therapy

## Client Information and Agreement Form

Name \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ How did you find us? \_\_\_\_\_

Email: \_\_\_\_\_

What are your reasons for wanting this session?

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How do you feel? \_\_\_\_\_

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Have you experienced Energy Healing/Coaching before? \_\_\_\_\_

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May I refer to you as my client? Yes \_\_\_ No \_\_\_

May I refer to your case in Case Studies for information or to help others (without your real name or identity)? Yes \_\_\_\_\_ No \_\_\_\_\_

I allow Yuling Chansard/Apryl Lacina to work with me. I understand that Spiritual Response and Energy work centers the mind and relaxes the body for natural healing to take place. Yuling/Apryl neither diagnose nor offer medication of any kind.

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Signature

Date