

**Simple Client Consultation form - confidential (print these)**

**Today's Date** \_\_\_\_\_ **Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Tel No** \_\_\_\_\_ **Email** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Doctors Name** \_\_\_\_\_

**Doctors Address** \_\_\_\_\_

**CHECK FOR CONTRAINDICATIONS TO CRYSTAL HEALING :**

Recent heart attack, angina, pacemaker, cancer, early pregnancy, Schizophrenia, mental illness, drug dependence, alcoholism.

Epilepsy - is client taking suppressing drugs? If so you may proceed with caution.

Hearing aids should be removed

EXPAIN BRIEFLY WHAT YOU ARE GOING TO DO, HOW IT WORKS AND WHAT THE CLIENT MAY FEEL. MAKE THEM FEEL RELAXED AND AT EASE.

Additional notes: Does client suffer from: Asthma, High/low blood Pressure, Hearing problems, Anxiety, Depression ?

Details of above :

**Client Declaration** : I am aware that \_\_\_\_\_ is a student of Crystal healing and not yet fully qualified. I agree to receive healing From them to help with their studies. I have disclosed any physical/mental problems I am currently suffering from. I understand that non-disclosure of any illness and any consequences following treatment are my own responsibility.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_