



SACRED FLOWER CRYSTAL HEALING

NAME

DOB

ADDRESS

MEDICATIONS

MOBILE#

OCCUPATION:

EMAIL (INTERNAL USE ONLY)

HOW WERE YOU REFERRED?

ARE YOU CURRENTLY RECEIVING OTHER ALTERNATIVE THERAPIES?

DESCRIBE:

ANY MEDICAL DIAGNOSES?

WHAT TYPE OF EXPERIENCES DO YOU HAVE WITH CRYSTALS AND OTHER HEALING STONES?

WHAT WOULD YOU LIKE TO ACCOMPLISH WITH YOUR SESSION TODAY?

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ARE YOU CURRENTLY UNDER MEDICAL OR PSYCHOLOGICAL CARE? PLEASE DESCRIBE:

I agree that i have listed all known medical conditions. I release Crystal Burnham and Ananta Jiva LLC from any and all liability if I fail to notify of any health changes, conditions or diagnoses.

Signature

Date