

Healing Quantum-Lee  
Partnering in Health & Wellness

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name: \_\_\_\_\_

Expectations for this session: \_\_\_\_\_

Goals: \_\_\_\_\_

List how you feel right now in 3 words: \_\_\_\_\_

Do you feel like "yourself" right now? \_\_\_\_\_

**Personal Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widow \_\_\_\_\_ Spiritual partner \_\_\_\_\_

Do you have children? Yes \_\_\_\_\_ No \_\_\_\_\_ How many living? \_\_\_\_\_

Hobbies: \_\_\_\_\_

Religion/Spiritual Practice: \_\_\_\_\_

Are you currently being treated by a Physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list Physician's name: \_\_\_\_\_ Are you taking medication? \_\_\_\_\_

If yes please list: \_\_\_\_\_

\_\_\_\_\_

Who referred you? \_\_\_\_\_

*Jason Carlson, Spiritual Consultant*

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Healing with Angels Practitioner

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