

Healing Quantum-Lee

The Energetic Approach to Health and Wellness

LM Carol Lee, Spiritual Consultant

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Name: _____

Reason for your appointment today: _____

Expectation: _____

Goals: _____

Personal Information:

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Occupation: _____

Phone number: _____ Cell: _____

E-mail: _____

Single _____ Married _____ Divorced _____ Widow _____ Spiritual partner _____

Do you have children: yes _____ No _____ Girl _____ Boy _____

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: Yes ___ No ___ If yes please list:

Are you happy? Yes _____ No ___ Who referred you? _____

Have you studied Energy Healing: Yes _____ No _____

If yes please list: _____

I understand the techniques, procedures, and ideas implemented in "The Energetic Approach to Health and Wellness" is a complementary modality and is not intended as medical advice, nor a substitute for medical advice.

Signature: _____ **Date:** _____