

Distant Healing Client Information Form	
Full Name	
Date of Birth	
Postal Address	
Telephone Number	
Email Address	
Doctor's Name & Contact Details	
Reason/s why you are seeking healing: <ul style="list-style-type: none"> ▪ Be as specific as possible- include information about how you are feeling and what you think as well as any physical details. 	
Have you consulted a medical practitioner and/or received any treatment? If so give details.	
Any previous major illnesses or accidents or traumatic life events? If so please give details.	
You need to enclose a 'witness'. This can be a small lock of your hair- tape the ends together, or a recent photograph.	

I am the client I am the parent/ legal guardian of the client

I appreciate that healers do not give medical diagnosis or treatment. I understand that my Doctor is medically responsible for me and for my dependants.

Signed _____ Date _____

Please return this form with a cheque made payable to **Touchstones Therapies** for £25. If we require any further information you will be contacted.

A session of distant healing will be set up for you within one week of receiving your form, witness and payment. You will then receive feedback and may be advised on the use of specific crystals, essences, or be given an affirmation to work with.

Print form and return to:

Touchstones Therapies, PO Box 61, Llandrindod Wells, Powys LD1 9AB