

CLIENT INFORMATION AND ACKNOWLEDGEMENT

Name: _____ Today's Date: _____

Birth Date: _____

Address: _____

Employer: _____ work tel. _____ home/cell _____

Marital status: _____ spouse/partner's name (if applicable): _____

Children's names/ages (if applicable): _____

How did you hear about Barbara? _____

What would you most like to have happen in your work with her? _____

Have you worked with an intuitive before? _____ an energy healer? A counselor or psychotherapist? (if yes, for how long) _____

Did you feel you benefited from the above work? (provide details, if applicable) _____

(HEALTH CARE SESSION CLIENTS ONLY):

Current medical conditions _____

Past major illnesses or surgeries _____

Under physician's care? _____ Name/type of doctor _____

Medications/Supplements & Amounts _____

CLIENT ACKNOWLEDGEMENT

I, the undersigned, understand and acknowledge that the information provided by Barbara E. Rohde is not to be construed as any attempt to prescribe medicine and/or medical treatment. No product and/or procedure is intended to treat, diagnose, cure, and/or prevent any disease. I, the undersigned, should always consult with a competent, fully informed medical professional and/or mental health practitioner of my choice when making any kind of medical decision concerning my personal health. I am fully cognizant and aware that the sessions that Barbara E. Rohde provides are primarily an educational venue to assist me with my personal growth, and that I am responsible for my own decisions and choices as they affect my life direction and my physical, mental, emotional, and spiritual well-being. I, for myself, my heirs, executors, administrators, and assignees, do release Barbara E. Rohde from all claims of damages, liability, or other actions of any kind resulting from our work together. I further agree to honor our appointment times and to provide at least 48 HOURS if I should need to cancel or reschedule a session and that if I fail to do so I will pay Barbara E. Rohde the full fee for the session.

Signature _____ Date _____