

DEERSPIRIT HEALING

Please complete the following before proceeding with a Deerspirit Healing session. Once completed, please SAVE AS (your name) and return it to: juliefenn@hotmail.co.uk.

I declare that I willingly consent to receive healing sessions from Julie Fenn and agree with the Deerspirit Disclaimer. I take full responsibility for my health and well-being after any and all healing sessions with Deerspirit Healing.

I declare that all the personal data provided below is true and acknowledge that this data will be kept safely by Deerspirit Healing and never disclosed to anyone. The return of this Personal Information form acts as your consent to receive advice and healing from Deerspirit Healing.

Signed and agreed:

Date: 2021

PERSONAL INFORMATION – HIGHLY CONFIDENTIAL

NAME:

ADDRESS:

POST CODE:

TEL. NUMBER:

EMAIL ADDRESS:

NAME AND ADDRESS OF GP SURGERY:

MEDICATIONS CURRENTLY PRESCRIBED:

BRIEF MEDICAL HISTORY:

CURRENT MEDICAL CONDITIONS DIAGNOSED:

ARE YOU UNDER A MENTAL HEALTH CONSULTANT OR DOCTOR? IF SO, PLEASE PROVIDE DIAGNOSIS DETAILS AND NAME OF HEALTH PROFESSIONAL IN CASE OF EMERGENCY:

FURTHER INFORMATION - PLEASE PROVIDE ANY FURTHER INFORMATION YOU FEEL THAT JULIE WOULD NEED TO KNOW ABOUT HEALING REQUIRED:

PLEASE NOTE THAT WE TREAT YOUR PERSONAL DATA AS CONFIDENTIAL AND WE WILL NEVER PUBLISH YOUR PERSONAL DETAILS FOR ANY REASON WHATSOEVER