

SunRise Healing Center



The Reconnection®
HEAL OTHERS, HEAL YOURSELF

The Reconnection Healing Client Case History

Personal and Confidential Information

Last name: _____ First Name: _____

Address: _____ Province: _____ Postal Code: _____

Phone: _____ Bus: _____ Occupation: _____

Date of Birth: _____ Emergency Contact: _____ Phone: _____

E-mail Address: _____

How did you learn about Reconnective Healing? _____

If you were referred, who referred you? _____

Are you here for yourself or your family? _____

Disclaimer

- ☉ Cynthia Barnesky is not a physician, medical practitioner, veterinarian or other licensed healthcare provider and makes no representations, claims, promises or guarantees.
- ☉ This work is complimentary to licensed healthcare fields and is not a substitute for medical or psychological diagnosis and treatment nor is it intended to treat specific health challenges.
- ☉ Reconnective Healing® practitioners do not diagnose conditions, nor do they prescribe substances, perform medical treatment, nor interfere with the treatment of a licensed medical professional.
- ☉ I should not discontinue any medical treatment or medications unless advised to by a licensed healthcare provider.
- ☉ I further state that I am seeking these services of my own free will and without guarantees and I am solely responsible for my own, and/or my animal's own medical care.
- ☉ Reconnective Healing® is one of the many non-licensed healing arts practiced in this jurisdiction.

Client: _____ Date: _____

If the Client is of 17 years or younger, the Parent or Guardian must sign below giving the Client permission for treatment and that the Parent or Guardian understands the form above.

Parent or Guardian: _____ Date: _____

Therapist: _____ Date: _____

Thank-you for Your Patronage!

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