



New Client Form

Please complete and sign. All information remains strictly confidential. Thank you!

Name: _____ DOB: _____

Address: _____

Cell Phone: _____ Emergency Contact: _____

Email: _____

Are you pregnant? Y / N

Do you have any physical restrictions, injury or pain?

Do you have any particular areas of concern?

Are you sensitive or allergic to any fragrances, oils or incense? (please specify)

Have you ever received any form of energy healing before? Y / N

If yes, what was your experience like?

Do you agree to receiving occasional promo / special offer texts/emails? Y / N

How did you hear about Ahimsa Healing LLC? _____



Client Acknowledgement

I, _____ have agreed to receive Energy Healing treatments by
Energy Healer, Sheeba Dandurand.

I understand that the treatments will involve gentle energy techniques including: the placement
of small crystals and gemstones on my body, light touch or vibrational healing.

I understand that Energy Healing can assist in stress reduction, relaxation and overall wellness,
but is not intended to replace proper diagnostic/medical/clinical/psychological care.

I understand that I should seek assistance from a licensed medical professional for any serious
psychological/physical/emotional ailment I have.

I accept full liability in the unlikely event of my personal injury as a result of my personal
choices or actions undertaken as a result of my treatment.

Signed: _____

Date: _____