



### 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: \_\_\_\_\_