

## **HEALTH SESSION APPLICATION/DISCLAIMER**

Date: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: (S M W D)

Employer & Address: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Address & Phone #: \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

Who referred you to us?: \_\_\_\_\_

Briefly explain the purpose of your visit. Your health goals and/or your concerns:

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We are here to assist you in gaining the most from your health session/s. For that purpose, we ask you to read and sign this statement so all concerns and lines of responsibility are clear. This session is a natural preventative and holistic approach to body/mind harmony. Our intentions during your session/s are to assist you in meeting life and well being more effectively.

Responsibility rests with you, your goals and commitment to gain what you need or want at this time or in any future session/s with us. The effects of your health session/s are sometimes subtle and you may or may not be aware of the levels of fulfillment, and at times you might feel worse before you feel better. Something we refer to as "The Healing Process". We make no claims.

Dr. Sylvia Flesner is not an allopathic medical doctor nor does she portray herself as one. Her degree has been earned in the field of natural health. Her services do not replace the services of other professionals, such as medical doctors, counselors, psychotherapists, chiropractors, etc. Any supplement/s is/are for the purpose of supporting the natural changes occurring in the body. Please note, that any information shared with any of us during the conversations or session/s will remain confidential. If you do not understand any or all of this disclaimer, please do not hesitate to ask Dr. Sylvia Flesner.

I have read and understand the above statement.

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Date)