

# MASTERY OF ENERGY HEALING

## CLIENT INFORMATION SHEET

All information is kept strictly confidential.

(Please Print)

FAX COMPLETED FORM TO: (480) 345-9974

Today's date:		GOT QUESTIONS? CALL (480) 345-9972 EMAIL <a href="mailto:support@masteryofenergyhealing.com">support@masteryofenergyhealing.com</a>				
<b>CLIENT INFORMATION</b>						
Client's Last Name:		First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	I am here today for... (circle one) Lecture / Priv. Session / Class / Group Session Other Event
Is this your first visit? <input type="checkbox"/> Yes <input type="checkbox"/> No	When was your first visit?	Have you attended any seminars? YES NO If yes, when		Birth date: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:			Home phone #: ( )	Alternate phone #: <input type="checkbox"/> Cell <input type="checkbox"/> Wrk ( )		
P.O. box:	City:	State:		ZIP Code:		
Email address:						
Referred by:	<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Current Client	<input type="checkbox"/> Yellow Pgs	<input type="checkbox"/> Internet	Other:
INT _____	On occasion, we have student practitioners of MEH who assist Alex during healing sessions for learning purposes. If you would prefer <b>NOT</b> to participate, please initial the box at the left.					
<b>IN CASE OF EMERGENCY</b>						
Name of local friend or relative (not living at same address):		Relationship to Client:	Home phone #: ( )	Work phone #: ( )		
<b>TERMS AND PRIVACY STATEMENT</b>						
<p>I understand that regardless of any past client healing or healing testimonials mentioned by Alex Hermosillo or any person on behalf of Mastery of Energy Healing ("M.E.H."), M.E.H. provides support rather than rendering miracle cures. Any cure may or may not take place subsequent to therapy, class, group, other sessions/events or products of M.E.H. Alex Hermosillo and M.E.H. is a support for healing.</p> <p>M.E.H. is not a substitute, nor intended to replace licensed professional medical care. M.E.H. is not intended as diagnosis, prescription, treatment or cure for any disease, disorder, injury, physical or mental. It is recommended that clients retain a primary care physician.</p> <p><b>CANCELLATION &amp; REFUND POLICY</b> <i>PRIVATE HEALING SESSIONS:</i> If I need to cancel a pre-scheduled appointment, I understand that a <u>24-hour</u> advance notice, by phone to the M.E.H. office at (480) 345-9972, is required. If I give <i>more</i> than 24-hours notice, my fee will be waived. If I give <i>less</i> than a 24-hours notice or I do not show up for my scheduled appointment, my fee will be waived <u>only</u> if another client takes my appointment time, <u>OTHERWISE, I AM RESPONSIBLE FOR PAYING THE FEE FOR THE FULL SESSION.</u></p> <p><i>PRE-REGISTERED/PRE-PAID EVENTS:</i> If I pre-paid and need to cancel a pre-scheduled appointment, class or other event, I understand that a <u>48-hour</u> advance notice, by phone to the M.E.M. office at (480) 345-9972, is required. If I give <i>more</i> than 48-hours notice, I will receive a full refund in the form of an M.E.H. gift certificate, which I can use for any "service" M.E.H. provides.</p> <p><b>RETURNED CHECKS</b> There is an \$18.00 service charge for all returned checks. There is a \$15.00 service charge added to any delinquent account that requires collection assistance.</p> <p><b>MODIFICATIONS TO TERMS</b> Mastery of Energy Healing reserves the right to change the TERMS or policies at any time and to notify you by posting an updated version of the TERMS on the web-site. I also have a right at any time to request a copy of the Client Info Sheet that includes the latest Terms and Privacy Statement.</p> <p>I understand and accept the conditions and statements provided above.</p>						
Signature Client/Guardian:				Date		

V[6] 08/27/08