

Client Application

Birth Name: _____ **Current Name:** _____

Birth Date: _____ **Place of Birth:** _____

Best Contact #: _____ **Email:** _____

Living With: *(Please check all that apply)*

☐ **Alone** ☐ **Spouse/Partner** ☐ **Kids** ☐ **Parents** ☐ **Other** _____

Please send a current photograph of yourself.

I, as described above, do hereby certify that:

- All of the personal data are accurate and that the photograph(s) provided is/are current.
- I understand that to improve the chances of the healing being effective, I should:
 - Avoid harmful substances and should release and prevent any further occurrences of all hate, anger, envy, greed, selfishness, and other similar emotions.
 - Sincerely and honestly forgive all who I perceive have caused me any problems.
 - Follow any instructions provided.
 - Provide required timely updates regarding my specific situation/condition.
 - Expect all further healing services to be discontinued if I choose not to provide timely, required updates.

Terminal Cases Statement

If the disease has gone 'too far' in the judgment of our 'Spiritual Team', then the Healing given may not stop the disease, but can be expected to ease the suffering.

- I hold the case worker blameless in all respects and at all times for any unwelcome change in my health.
- I understand and accept the above Terminal Cases Statement.

We **do not** dispense medical advice and assume no responsibility for results achieved by anyone. It is advised that appropriate and competent medical treatment be sought if deemed necessary.

(Signed) _____ (Date) _____