



First & Last Name: _____

Address: _____

State: _____ Zip code: _____

Date of Birth: _____ Occupation: _____

Cell Phone: _____ E-mail: _____

What do you wish to change?

What medications, if any, are you taking?

Privacy Policy: Personal information is collected for our records and is not disclosed to a third party.

Refund Policy: **There are no refunds.** I will spend time and energy in this process and the session will activate the healing potentials of your body. The changes can be subtle or obvious, can show up immediately or over a period of time.

Disclaimer: Brana Mijatovic and anyone associated with this work, make no claims, promises or guaranties. You are solely responsible for seeing to and continuing with your own medical treatment and care, including any medications prescribed by your doctor. This healing modality is not a substitute for traditional medical or psychological treatment; if you have a serious health imbalance please see your doctor.

I have read, understand and agree to the above policies and declaimer.

Signature: _____ Date: _____

If under 18 years, to be signed by parent or guardian.