



Reconnection® Client Intake Form

NAME _____

PHONE _____

EMAIL _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____

SERVICES: * PLEASE CHECK ALL THAT APPLY!

____ RECONNECTIVE HEALING® SESSION

____ RECONNECTIVE HEALING® SESSION FOR YOUR PET OR LOVED ONE

____ DISTANCE RECONNECTIVE HEALING® SESSION

*IF THE SESSION IS FOR YOUR PET OR LOVED ONE PLEASE ENTER THEIR INFORMATION HERE.

WAIVER:

Dr. Eric Scott Pearl has authorized Janet M. Squilanti to perform Reconnective Healing®. Janet M. Squilanti makes no claims, promises or guarantees. Dr. Pearl and anyone associated with his work, inclusive but not limited to The Reconnection® and Reconnective Healing®, are neither diagnosing nor treating specific health challenges. You are solely responsible for seeing to and continuing with your own medical treatment and care. Dr. Pearl endorses only those people whom he has specifically authorized to perform this work.

Authorization may be verified through Dr. Pearl's office.

____ BY INITIALING HERE, I AM INDICATING THAT I HAVE READ AND UNDERSTAND ALL THE ABOVE INFORMATION.

Signature _____