CLIENT INTAKE FORM FIRST ATTUNEMENT

STAR HEALING INTERGALACTIC ENERGY™ SESSION

For Kelly Hampton, Certified Practitioner ("Certified Practitioner") of Healing Enterprises, LLC
Updated May 2014/Since 2010 "**The** *Healing System for 2012 and Beyond,"—Archangel Michael*

Date of Session(s): _____

Name: _____Age_____

Street Address_____

City: _____ State/Area_____Country_____

Zip/Postal Code: _____

Payment Method: ____ Cash _____ Check _____Credit_____Paypal _____

Email: _____Phone: _____

Skype: _____

Who can we kindly thank for referring you to Star Healing Intergalactic Energy™?
_____Contact: _____

May we give you Frankincense or Lemon Oils during your session? (Will be done remotely if not in person session)
yes_____ no _____

Any known medical conditions? Please describe:

_____
_____
_____
_____
_____
_____

Are you depressed or sad or grieving?_____

Do you presently have or ever had suicidal thoughts?_____

Any fears/phobias/compulsions or addictions you would like to be released?

_____
_____
_____
_____

Any allergies? Grinding teeth? Eye, ear, nose conditions? If so, please describe the severity of them and any other information you feel will assist your practitioner:

_____
_____
_____

Are you sleeping well most nights?

_____

Are you currently taking any medication? If so, for what condition(s)?

_____
_____
_____

Have you had any joints replaced / any foreign stints or other artificial objects in your body? If so, please describe.

_____
_____
_____

Do you presently have any pain in your body? If so, where it is located and would you classify it as mild/chronic/severe?_____
_____
_____
_____

Any other information that you feel would benefit your practitioner including any history of sexual, physical or severe emotional abuse? A history of substance abuse? Are you presently in any treatment program?_____
_____

Are you the recipient of an organ donor program? _____

Do you have any mind conditions? ADHD/OCD/panic attacks? Anger issues? Forgetfulness? Alzheimer's etc.?

_____
_____
_____

Have you had other energy healing sessions? When was the last one? If so, please describe:

_____
_____

The thought energy in homes are vitally important to elevate to extend your healing and create prosperity. Toxins are created by any/all thoughts like loneness, pain, boredom, anxiety, frustration. Etc. To amplify your Star healing benefits and create all forms of abundance Archangel Michael's Ascended Spaces™, the companion Ascension home space system is recommended. To order the guide book or to become a certified practitioner visit www.kelly-hampton.com

How much joy is in your home presently? _____

TESTIMONIAL USEAGE: _____Yes, consider this initial my agreement to model release (photo) to use my image.
_____Yes, you have my agreement to use my written or verbal testimony.

I am presently interested in receiving all forms of testimony including audio testimonies via smart phones. Please kindly send to Kelly@kelly-hampton.com _____No, I would rather not at this time.

RECORDING OF YOUR SESSION IS PROHIBITED. We kindly ask that you remove any crystals or other gem jewelry during your session. You may wish to have a blanket handy also as temperatures can change in a healing session. You may also wish to play clear quartz crystal sound to elevate your session if you home is not

presently being elevated using Ascended Spaces™. We kindly ask that no other people accompany you during your session. Occasionally, certain conditions may actually worsen after a session temporarily. Recording of your session is prohibited. We reserve the right to refuse healing on anyone who has a pace maker, is an organ donor recipient or who is intoxicated.

******* The above information is true and correct to the best of my knowledge. I understand that the alternative practice called STAR HEALING INTERGALACTIC ENERGY™ is not regulated as a medical practice, nor is licensed by the state, territory, possession, country, or other jurisdiction. This healing modality does not require physical contact and, therefore, does not require a license in the state of Missouri. Healing Enterprises, LLC and its Certified Practitioners are not licensed physicians and do not diagnose, treat, cure or prevent any illness, disability, or affliction, whether physical or mental. Do not suspend or avoid your prescribed medical treatments without consulting your physician. You are solely responsible for continuing your own medical treatment and care. Completion of your Star Healing Intergalactic Energy session does NOT qualify you to teach Star Healing Intergalactic Energy™ sessions. Email us at Kelly@kelly-hampton.com or visit www.kelly-hampton.com if you would like to receive additional information on how to become a certified practitioner. Kelly Hampton is a master practitioner and the only person authorized on behalf of Healing Enterprises, LLC to teach the Star Healing Intergalactic Energy™ to practitioners. If you become aware that someone else is presenting workshops in this healing modality, please notify us at Kelly@kelly-hampton.com. I release the Certified Practitioner, Healing Enterprises, LLC and its' employees and managers from all liabilities and claims of any kind arising from this session, whether known or unknown and whenever occurring. We reserve the right to decline treatment if you are under the influence of drugs or alcohol. Use of medical drugs may limit the full potential of your healing session.

By signing below, I acknowledge and fully agree with the above information and grant permission to treat.

Signature of Client: _____Date: _____

If a minor, signature must be of parent or guardian

Signature of Certified Practitioner: _____

Email and phone of Certified Practitioner: _____

Date of first year recert: _____

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