

# Kathy South Transformational Healing LLC

## *New Client Form*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

### ***Disclaimer***

I, \_\_\_\_\_ hereby acknowledge that energy work, also referred to as spiritual healing, is not a cure and is not a substitute for medical treatment. Spiritual healing assists on the mental, emotional, spiritual and physical levels.

I will not hold the *Kathy South Transformational Healing LLC* accountable for how I progress in my healing. The *Kathy South Transformational Healing LLC* does not guarantee any specific results in a healing session.

I realize that I am responsible for my own healing and that the *Kathy South Transformational Healing LLC* is only a facilitator in my healing process.

I realize that I have free will to apply or ignore any spiritual guidance, intuitive messages, and referrals that the *Kathy South Transformational Healing LLC* gives me during a session.

I understand that energy work may cause a potential healing crisis and I will not hold the *Kathy South Transformational Healing LLC* liable should a healing crisis occur during or after a healing session. I understand that a healing crisis means that deep healing is happening at a rapid pace and that any physical or emotional shifts will last as long as my body is processing these shifts, whether this means days, weeks or months.

I give my permission for the *Kathy South Transformational Healing LLC* to assist me in my healing and lightly touch my clothed body during a healing session.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, Katherine South – Owner, Kathy South Transformational Healing LLC hereby acknowledge that all client session and personal information is confidential. Client information will not be shared without the client's written consent.

Signed: *Katherine South* (Owner, Kathy South Transformational Healing LLC) Date: *July 1, 2014*