This information is of genuine value to your session with me and

will be kept completely confidential.

This form is for general work – if you are ill, please download or ask me for the other form, called Client Details Form.

PERSONAL DETAILS

Name

Address

Post Code

Mobile Telephone Number (or best contact number)

E-Mail Address

Date of Birth

Occupation

Relationship Status

FORM OF CONSENT

I confirm that I request a session / sessions with Fiona Cutts.

I understand that some of the techniques involve the use of touch.

I understand that I am responsible to pay for sessions I do not attend, and for sessions that are cancelled with less than 48 hours’ notice.

As a member of the Register of the School of Energy Healing, Fiona complies with the Code of Ethics issued by the School.

Signed………………………………………. date…………………………

Please give me a brief description of what you would like to change / what you would like from your session (s) with me.

How did you find out about me?

Would you like to receive Phenomenance with Fiona newsletter, where I share information and articles about transformation and change, as well as information on classes and events?

Do you give your consent to me mentioning you anonymously in my newsletter / blog / social media posts? I often share inspiring and interesting stories, which potential clients find useful.

Thank you for your time! I very much look forward to meeting you!

Fiona