



HEALING SPIRIT

JILL G. ELDRIDGE THE SCOTTISH HEALER



Client Information and Consent Form

Please Print Clearly

Name _____ Date _____

Address _____ Sex (circle one) M / F

Email _____ Birth Date _____

Telephone _____ Occupation _____

How did you hear about me? _____

Referred by _____?

Do you have any existing medical conditions? _____

Are you taking any medications, herbs, other remedies? _____

If so, why: _____

Do you have any previous injuries? _____

What would you like to get out of treatment? _____

I, the under-signed, understand that any healing treatment is given for the purpose of stress management and relaxation. I clearly understand that these modalities are not a substitute for medical or psychological diagnosis and treatment.

I further understand that Jill G. Eldredge is not a medical doctor and does not diagnose conditions, prescribe/perform medical treatments, prescribe substances or interfere with the treatment of a licensed medical professional. I acknowledge that it is my responsibility to contact a licensed physician or other health care professional for any physical or psychological ailment that I may have.

I take full responsibility for all decisions I choose to make after receiving information during my session. Furthermore, I do not hold the above listed practitioner liable.

I have read and agree with these administrative policies.

Signature _____ Date _____

