

Sacred Vision "experience the Power of WOW"

Holographic coaching, healing, and mentoring programs

Thank you for taking the time to fill out this confidential questionnaire to help me determine the best plan for your needs. If you have any questions, please ask.

Personal Information (Please Print)

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ / _____

Cell Phone: _____ / _____

Work Phone: _____ / _____

Social Security Number: _____ / _____ / _____

E-mail: _____

Occupation: _____

Employer _____

Employer Address: _____

Work Phone: _____ / _____

Date of Birth: ____ / ____ / ____ Age: _____ M / F Marital Status: _____

Emergency Contact: _____ Phone: _____ / _____

Relationship: _____

Have you experienced shamanic holographic energy Coaching/Training/Mentoring Before? Y / N

How did you find us - referred by? _____

What brings you here - physical, emotional, energetic, interpersonal relationship, business, job loss, etc ? Please describe briefly:

What treatments have you received in the past? Massage / Physical Therapy / Surgery
Acupuncture / Chiropractic / Medication / Other__

What existing professionals, if any, are on your team: ex. Physicians, Therapists, acupuncturists,

NAME	WHAT MODALITY	PHONE NUMBER

Fee Schedule:

Our fees are as follows:

90 minute initial session: \$ 180.00

60 minute session: \$ 125.00

Gift Certificates are available !

Payment Policy

I, the undersigned, understand and agree to the payment policy. I acknowledge that payment for all care received is my responsibility. **Payment is due at time of service** unless other arrangements have been made in advance with the office manager. We accept cash or checks. **I also understand that a 24-hour cancellation notice is necessary to avoid charges.**

Informed Consent

I hereby request and consent to the performance of shamanic energy coaching/mentoring/healing and other modalities and procedures by Sacred Vision. I understand that Ed Coleman is NOT a licensed medical professional and is NOT a licensed psychiatrist or therapist. The nature of our work together is holographic - meaning that it covers a range of issues in the physical, emotional, mythical (visual) and energetic (spiritual) realms. The tools we use allow you to come into your body more fully, and these changes can be dramatic. During this process of integration, you have the opportunity to come into rite relationship within your being, and you can experience physical/emotional/spiritual symptoms that are part of your journey back into wholeness. Please feel free to call if you have any questions about this.

I acknowledge that this is MY journey, and Sacred Vision is only serving as a guide and coach during this process. I will seek medical, psychiatric, and any other professional help if and when I need it.

Cancellation Agreement

We look forward to helping you at Sacred Vision. The time you schedule is reserved just for you. Your treatment schedule is designed for optimal results. Missed appointments will hinder your progress. **A \$125.00 fee will be charged for missed appointments or cancellations without 24 hours notification.** I have read, understand, and agree to the cancellation agreement.

(Client Signature)

(Date)

