



Registration Information

THE HEALING PLAYGROUND –Please fill out and bring to first session

Name _____

Address _____

Telephone _____

E-Mail _____

Birth data for Astrological chart: (Optional)

Date _____ Time _____ Place _____

List any Physical/Emotional symptoms:

List any Prescriptions or Medications you are currently taking:

Statement of Practice:

In my practice I teach clients how to manage stress, to understand how the past has affected their present and to take responsibility for the direction of their life. I may use intuition, body/mind therapy, visualization, astrology, dream interpretation and spirituality. I work in conjunction with the medical profession and believe in a combination of traditional and alternative modalities for a healthy lifestyle. I do not give prescriptions. If you find yourself in an emergency situation, please call 911 or go to nearest hospital Emergency Room.

I understand and accept above statement _____

Individual Consultation \$75

Adulthood 101 (4 wk group program) \$100

Adult Reunion Group (one hour) \$15

ALL MAJOR CREDIT CARDS ACCEPTED