

Insight Energetics

Please complete the form below and return to Adam Shiffman
(adam_shiffman@yahoo.com).

Name: _____ Phone : _____
Address: _____ City: _____ State: _____
Zip: _____ Occupation: _____
Email: _____

Have you had major surgery within the last year or are you currently taking any major pharmaceuticals that we should be aware of? (If so please list)

I understand that Adam Shiffman makes no guarantees or promises as to the outcome of the session. I understand that Adam Shiffman is not a licensed physician and recommends that you seek the expertise of a licensed physician for diagnosis and treatment of illness, injury, or disease.

I further agree to release and hold harmless, Adam Shiffman and Insight Energetics from any claims related to the outcome of my session. I understand that I am the responsible party and agree to pay for all treatment and fees incurred.

Fees are \$65.00 for 30 minutes, \$95.00 for 45 minutes. Reiki treatment is \$75.00. We accept, cash, personal check, bank check, money order, or Paypal via the Web site, <http://www.insightenergetics.net>.

Please specify the issues you want to resolve in the space provided below. Try to keep the list brief; please specify how the issues affect you personally on a daily basis and how they make you feel. Actions and time of the day that the issue occurs is also good information to provide. You do not need to include lengthy information.

Signature: _____ Date: _____

(See next page)

Please return to adam_shiffman@yahoo.com or FAX to 707-452-0626

Make check payable to:

Adam Shiffman
755 Corte Granada
Vacaville, CA. 95688