

PRIVATE & CONFIDENTIAL

'Rahanni' Celestial Healing
Consultation Form

Name:

Address:

Telephone number:

Email:

Date of Birth:

Reason for Healing:

Medical History:

Do you have a pacemaker or other implants:

Do you suffer from any of the following (circle if yes): Diabetes – Epilepsy –
Schizophrenia

Current Medication:

Doctors name and address:

DISCLAIMER: Rahanni is a complementary therapy and works alongside conventional medicine. Clients will NEVER be told to discontinue their medication. Rahanni practitioners are not of the medical profession and as such cannot give medical advice. Please sign to say that you are happy to receive the healing and understand the role of the practitioner. No claims are made with regard to the outcome.

Client Signature:

Date: