

Welcome to Barbara Solomon Healing LLC,  
for your Reconnective Healing® session.

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Printed name

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Phone #s (as many as you wish to list)

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Email address

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Home address

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City, State, Zip

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Recommended by whom?

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Emergency Contact name

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EC phone #s

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Date of birth

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Occupation

Reconnective Healing is a type of energy work that accesses a more comprehensive spectrum of healing that *includes and expands beyond* any and all known forms of "energy" healing. Comprised of energy, light and information, the Reconnective Healing continuum allows you to facilitate significant advancement in all arenas of daily life. This includes physical wellbeing, mental clarity, inner peace and spiritual life progress! This is where we meet our essential self.

Although there is scientific proof supporting Reconnective Healing, you understand that it is not regulated as a medical practice, is not therapeutic or diagnostic by design or intent, nor is it licensed by the state.

Barbara Solomon is not a licensed physician and makes no claims of medical efficacy, or does she guarantee any specific outcomes. While practicing Reconnective Healing, she does not diagnose, treat, cure or prevent any disease. She is not working in the capacity of an acupuncturist while administering Reconnective Healing. Do not suspend your prescribed medical treatments without consulting your physician.

You understand all medical questions are to be referred to your personal physician or that you can make an appointment to see Barbara as an acupuncturist for diagnosing and treating medical conditions with acupuncture and Chinese Medicine.

You may be fortunate enough to have your expectations fulfilled through your Reconnective session and you may be even luckier to have an experience which you could not possibly have anticipated. You may disclose, at your discretion, any additional information about your ailments or medications which you may feel will be useful to the practitioner, but only **AFTER** the sessions are complete.

I certify that the below are understood and correct:

- All of the above information has been explained to me;
- I understand that there is no guarantees concerning treatment, I understand that there may be other alternatives, including treatment offered by a physician;
- I understand each Healing visit costs \$ 150 and is not covered by insurance;
- Credit card payments may be made on my website, cash or checks are paid at the office.

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Signature

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Date

As a client you are automatically added to my e-mail list.

E-mail policy: We do not spam or share your info.     Check to opt out of e-mail list.