

# SEVAW Energy Healing

*Reaching your full potential*

## Client Information and Agreement (Please print clearly)

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Email Address** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Work Phone** \_\_\_\_\_  
**City** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**State / Zip** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Description of Primary Problem** – please describe the problem you are seeking help with:

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**Known Health Conditions** – please write in or check from the list below:

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contact lenses       seizures       pacemaker



### SEVAW Energy Healing's Satisfaction Guarantee

If you are not satisfied with the results of your first session, all you need to do is let Roberta know at the end of the session, and you will not be charged.

## Energy Healing Session Agreement

1. I have read, understand, and signed the Client Consent form.
2. I give my permission to Roberta Stalvey, an EFT practitioner, to use the Emotional Freedom Techniques (a type of acupressure used to treat mental, emotional, and physical complaints) and other energy healing techniques – which are alternative or complementary to healing arts services provided by licensed physicians – for my benefit.
3. I understand that Roberta is not a licensed physician or medical doctor, will not diagnose any disease, will not prescribe any prescription drugs, or recommend the discontinuance of such medications, as this is the job of my medical doctor.

**Client or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_