Power Energy Healing Dr. Victoria Razzaqui, D.C.

3030 Bridgeway # 107 Sausalito, CA 94965
(415) 610-6353

Last name:_____ First name: _____

Address: _____

Phone number:_____ Email : _____

Reasons that you are seeking our services:

1 : _____
Severity (0-10) : _____ Duration: _____

2: _____
Severity (0-10) : _____ Duration: _____

3: _____
Severity (0-10) : _____ Duration: _____

What kind of treatments have you had so far? _____
_____
What is you goal? _____

Disclaimer: Healing helps many conditions but one should keep in mind that we do not suggest stopping medications or the use of traditional medical treatments.
Healing is not intended to replace conventional medicine, but rather to complement it.

Cancellation: I am aware that a 48 hour notice is required in the event that I cannot keep my appointment. Failure to do so will result in full charges for that session. ___

Authorization for Payment: I authorize "Power Energy Healing" (Victoria Razzaqui) to collect for the time and services that I have received. Chiropractic care is not included in the healing sessions, however, should I require or want to receive chiropractic care at the same visit, there will be additional fees for those services. Healing sessions are not a product of the Chiropractic educational training. Payments are due before the session. If paying by Credit Card, please provide the number here :_____, Expiration date___/_____

Informed Consent: I am aware that **S**tate of California does not regulate and does not require any type of certification for Energy healing practices and I allow the healing at my free will.

_____	_____	_____
Print your name	Signature	Date