



Client Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ (cell) _____

E-mail _____

You are here today for:

Healing Session 1 _____ 2 _____ 3 _____ Other _____

The Reconnection _____ Session 1 _____ Session 2 _____

Payment: Cash _____ Check _____

Who may I thank for your referral? _____

Please note that Eric Pearl and anyone associated with the work of The Reconnection and Reconnective Healing make no claims, promises or guarantees, and are neither diagnosing nor treating specific health issues or challenges.

You are solely responsible for seeing to and continuing with your own medical treatment and care.

Signed _____ Date _____