



THE CLIENT FORM MUST BE COMPLETED BEFORE AN APPOINTMENT CAN BE CONFIRMED

Please complete and send via:  
WhatsApp 076 781 7254 or,  
Email [emotionalequilibriumsa@gmail.com](mailto:emotionalequilibriumsa@gmail.com)

### PLEASE COMPLETE:

**Full Name + Surname**

**Date of Birth**

**Age**

**Contact Number**

**Email Address**

**Responsible party (if the child is younger than 18, guardian/parent, please sign here to the right and sign the indemnity form on minors behalf)**

Y  N

**Are you pregnant?**

Y  N

**Do you have a pacemaker?**

Y  N

**Do you have any injuries or diseases that the practitioner needs to know about? If so, please specify.**

Y  N

**Are you Religious?**

Y  N

**Are you comfortable with prayer during the session?**

Y  N

**Are you a survivor of SRA / DID?**

Y  N

**Have you ever been diagnosed with Multiple Personality Disorder?**

Y  N

**Have you ever thought that you might have SRA / DID / MPD?**

Y  N

**Have you ever been diagnosed with a mental disorder, if yes, please provide more information.**

Y

**I hereby declare I have read and understand how the session will take place**

**Indemnity:**  
I understand that I am here to be advice about trapped emotions and events that might have had an influence over my life. I understand that the practitioner is not medically trained, and therefore will not be diagnosing any medial or physiological ailment or conducting medical treatment. This is merely an information session to guide and assist me in dealing with possible trapped emotions and emotional baggage from the past that might have cause imbalances. By signing I agree that I have read and understand the document above and understand that the practitioner is not liable for any health problems.

I \_\_\_\_\_ the undersigned understand and agree to the information set out in the indemnity form and documented information above. Signed at \_\_\_\_\_ on the date of \_\_\_\_\_.

\_\_\_\_\_  
Signature