

Distance Healing Request Form

<i>Client Name:</i>		<i>Date of Birth:</i>	
<i>Address:</i>			
<i>Phone:</i>		<i>Email:</i>	
<i>GP Contact Details</i>			
<i>Please give details of your problem - any physical symptoms and any feelings or emotions that may have some bearing:</i>			
<i>Are you currently taking any medication?</i>			
<i>Have you sought medical advice? (If so, give details)</i>			
<i>Previous medical history (major illnesses, operations, recurring issues etc)</i>			

Please enclose a "witness" - this can be a recent photograph or a lock of hair

I appreciate that healers do not give medical diagnosis or treatment. I understand that my GP is medically responsible for me and my dependants.

I am the client

I am the client's parent/legal guardian

Signed:

Date:

Please return this form, together with your "witness" and a cheque/PO for £20 payable to N Nurdin to:

**Natalia Nurdin, 59 Liverpool Road
Oswestry, Shropshire, SY11 1NN**

I will set up a distance healing session for you and send a progress report detailing what therapies have been applied and what (if anything) is needed in the way of further therapy.