



Carleen Hoffman

Holistic Healing

People • Pets

Carleen Eve Fischer Hoffman, Reiki Master Practitioner
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Client Information Form

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cellphone: _____

Email Address: _____

May we have permission to add you to our mailing list? Yes _____ No _____

How did you hear about us? _____

Do you have any allergies/sensitivity to smell? _____

- Client understands that it is their responsibility to remember appointment dates and times.
- Cancellation of a scheduled appointment with less than 48 hours' notice (barring medical or other emergency) will be billed at 100%.
- Client payment will be due at the end of each session. Payments may be made by cash or check. Client is fully responsible for any bank charges incurred for client's insufficient account funds.

I release Carleen Hoffman Holistic Healing, it's owners, employees, and agents, from any and all liability of any nature, for injury or damage which I may suffer. I expressly assume the risk of any such damage or injury while attending any healing session.

By signing this form, I agree to the terms and conditions for treatment.

Sign Name: _____ Date: _____ Revised 02/15/18