



The LifeLine mission is to help restore and maintain function and balance in the bodies, minds, and lives of people of all ages, from infants to seniors. The ultimate purpose is to help people live an optimally healthy life and reconnect with the joy of living. My intention is to create a safe and compassionate environment for you to create optimal health, balance, and purpose.

Thank you for your visit.

All information provided is strictly confidential.

Name _____ Date _____

Address _____

Telephone _____

Age & Date of Birth _____

E-mail address _____

Occupation _____

Marital Status _____

Do you have children/grandchildren? If so how many? _____

Are your parents living? _____

Do you have siblings? If so how many? _____

What's your intention for coming in today?

Please note: You don't have to share anything that you don't want to.

Physical Symptoms/Portals that you're comfortable sharing?

Emotional Stressors/Portals that you're comfortable sharing?

In the LifeLine we apply The Five Basics for Optimal Health also known as the essential acts of Self Love. Rate your current commitment level on a scale of 1-5.

1=Exceptional 2=Above Average 3=Average 4=Below Average 5=No Commitment

Water_____

Food_____

Rest_____

Exercise_____

Own Your Power_____

How committed are you to creating positive change in your life?

(0 is no commitment and 10 is your maximum level of commitment)

0 1 2 3 4 5 6 7 8 9 10



PAYMENT POLICY

Payment is due at the time of service. Accepted forms of payment include cash, check, PayPal, and credit card (Visa, MasterCard, or Discover). LifeLine Practitioners are not participating providers for any insurance carrier or group. Payment plan options may be arranged with the practitioner PRIOR to your session. All outstanding balances are due immediately if a client chooses to terminate services.

CANCELLATION and RESCHEDULING

A 24-hour notice is required to cancel or reschedule an appointment and the full session fee will be assessed for any missed appointment without the required notice, using the credit card on file in the client account.

Brief Explanation of LifeLine philosophy

In the LifeLine every problem is a portal. I understand that the purpose of The LifeLine Technique® is to raise consciousness and thus harmonize the energetic field of the body. Sessions are not designed or intended to diagnose, treat, or cure any disease or infirmity. The body is a self-healing organism. I agree to accept responsibility for my own health and any risk related to receiving a session, and to hold harmless the Certified LifeLine Practitioner and Dr. Darren Weissman from any claim resulting from my sessions. I also understand that LifeLine sessions do not replace services or treatment by other healthcare professionals. I acknowledge that the number of sessions recommended and results obtained will vary for each individual. We recommend working with people in a series of five sessions with the fifth session serving as a re-evaluation. I understand the above information, agree and consent to services.

Name _____

Signed: _____

Date: _____

(Signature of parent or guardian is required for clients under the age of 18.)