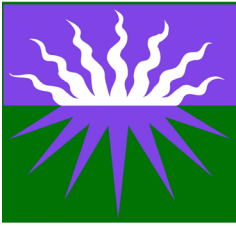


As Above, So Below



As Within, So Without

# Wholistic Intuitive Services

Rev. Louisa A. Dyer, MA – Interfaith & Metaphysical Minister/Author/Life Coach

Masters in Holistic Psychology; 25 years experience

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## QUESTIONNAIRE & RELEASE FORM – Please return before 1st session

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Today's date: \_\_\_\_\_

Address: \_\_\_\_\_

Landline: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Allow yourself to get quiet and comfortable, then answer the question: "What is my deepest desire?"

\_\_\_\_\_

Again, get quiet and answer, "What do I most fear?" \_\_\_\_\_

\_\_\_\_\_

Any relevant diagnostic history or previous therapy issues? \_\_\_\_\_

\_\_\_\_\_

Which of my tools, or methods of working, are you particularly interested in and why? \_\_\_\_\_

\_\_\_\_\_

What do you hope to receive from our work together? \_\_\_\_\_

\_\_\_\_\_

**Please add another page if desired for additional comments, and BE SURE to read, sign & date bottom of this page.**

1. BLISS Work, WOW Processing, Akashic Readings, Nature Work, Kinesiology & all other Holistic Coaching tools focus on spiritual awareness of Inner Divinity. In no way are these tools meant to replace appropriate medical or psychiatric care, nor are any claims made as to healing or curing properties.
2. This document relieves Rev. Louisa Dyer of any claims, legal or otherwise, directly or indirectly, resulting from the use of these processes or other Wholistic Intuitive Services. A signature is agreement with this, and that these services have been voluntarily solicited.
3. If services are requested for anyone other than the one signing this agreement, the signature on this document is his/her acknowledgment of full responsibility for that individual, relieving Louisa Dyer of any claims or responsibility for either individual.
4. Because Rev. Dyer often has a client waiting list, it is requested that you honor all involved by giving a 24-48 hours notice when cancelling an appointment, except in emergencies such as severe illness or a death in the family, or pay for the missed session.

Signature of One Soliciting These Services: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Your Name: \_\_\_\_\_

Name, birth date, & relationship to you of person services are requested for, if applicable, in addition to the above:

\_\_\_\_\_