

CHERI HICKMAN
Re-Connective Healing Foundational Practitioner

Client Information (please print clearly) **Date** _____

Name _____

Address _____

City _____ **State** _____ **Zip** _____

Telephone #s: **Home** _____ **Mobile** _____

Work _____

E-mail Address: _____

Referred by _____

In case of emergency notify _____

Phone _____ **Relationship** _____

WAIVER

Dr. Eric Pearl has authorized Cheri Hickman to perform Re-connective Healing[®]. Cheri Hickman makes no claims, promises or guarantees. Dr. Pearl and anyone associated with his work, inclusive but not limited to Re-connective Healing[®], is neither diagnosing nor treating specific health challenges. You are solely responsible for seeing to and continuing with your own medical treatment and care. Dr. Pearl endorses only those people whom he has specifically authorized to perform this work. Authorization may be verified through Dr. Pearl's office (www.thereconnection.com). Sessions are private & confidential, but I understand that details from my experience may be used to illustrate the process, and that my identity will remain undisclosed at all times.

I have read and understand the above.

Signature _____

Date _____