



Participant Name: ( In BLOCK LETTERS )		
Age	Gender: Male [   ]      Female [   ]	
Address:		
Contact No:	Home:	Mobile:
Email ID:		
Educational Qualification:		Languages Known:
Profession:		
Marital Status: Married [   ] Single [   ]	Spouse:	
	Children:	
Parent Details:	Father:	
	Mother:	
Your Hobbies:		
<b>Problem Description</b>		
Psychosomatic		
Doctor's Opinion		

I hereby certify that I am above 18 years old and the above information is correct and I am willingly undergoing this Non-drug, Non-touch Guided Meditation Healing Process.

I will maintain the confidentiality of any related information of this Meditation Healing Process.

Participant Name:	Therapist Name:
Signature	Signature



- ✓ Spiritual Healing is a system of balancing energy for the purpose of stress reduction, relaxation and empowerment only and is not intended to replace the prevalent medical or physiological diagnosis and treatment. It is only meant to complement them and to be used as a preventive system.
- ✓ Our Healers are neither authorized nor competent to make medical diagnosis or give medical prescription and are strictly prohibited from giving medical advice or interfering with the medical advice given by a competent medical practitioner/doctor.
- ✓ For severe ailments and persistent symptoms, the affected persons are advised to consult a medical practitioner / doctor to get proper medical treatment.
- ✓ All those wishing to take up our healing services should, in prior, sign a declaration agreeing that Spiritual Healing is not intended to replace the medical or physiological diagnosis and treatment, and is only meant to complement them, and also that if the ailment is severe or the symptoms persist, they will advise to consult a medical doctor.
- ✓ Spiritual Healing Services are purely on faith basis and results are not guaranteed to patients.
- ✓ All those wishing to take up our healing services for their close family members and minors should take sole responsibility and comply the above requirements.
- ✓ There will be NO Refund given if the patient disagrees or discontinues the healing sessions for any personal reasons.
- ✓ I have understood the intended purpose of the sessions and agree to not hold Samyama Healing Centre or anyone acting on its behalf liable for any consequences out of my participation in these sessions.

I have read all the above terms and conditions carefully and I agree to all the points and I am willingly undergoing this Therapy Healing Session out of my own free will.

Date:

Place:

Full Name:

Signature:

Samyama Healing Centre <sup>TM</sup>

#3, 1<sup>st</sup> Main, 1<sup>st</sup> Cross, D Group Layout, Nagarbhavi 2<sup>nd</sup> Stage, Bengaluru - 560091, INDIA.