

## INTAKE INFORMATION

By signing this form, or paying for a session, I acknowledge the following:

1. Monica Levin is not a medical doctor and I am not here for medical diagnostic or treatment procedures.
2. The services provided by Monica Levin are intended for general well-being and do not involve the diagnosing, prognosticating, treatment, or prescribing of remedies for treatment of any disease, or any licensed or controlled act which may constitute the practice of medicine.
3. I am solely responsible for seeing to and continuing with my own medical treatment and care.
4. Monica Levin, and anyone associated with Reconnective Healing and The Reconnection, makes no claims, promises or guarantees and I may or may not feel or experience a healing.
5. I am responsible for paying for all missed appointments and appointments cancelled with less than 24 hours notice.

Please print clearly:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

City, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_