



Julia Ahlers Ness

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Client Contact Information

Name _____

Address _____

Phone 1 _____

City _____

Phone 2 _____

State _____ ° Zip _____

Email _____

Personal History

Date of Birth _____

Family Members _____

Spiritual concerns and goals _____

Statement of Informed Consent

I _____ (print full name) acknowledge that I am seeking a Christa Healing session (or Spiritual Energy Attunement) from Julia Ahlers Ness with full understanding that this work is for spiritual healing purposes and for the advancement of my spiritual development process. I understand that I am in control of this process and responsible for my own progress and that Julia Ahlers Ness is assisting me at my request.

I understand that as a Christa Healing practitioner, Julia Ahlers Ness is not diagnosing or treating any illness, disease or any other physical or psychological disorder. I also understand that nothing said or done during the session should be construed as either diagnosis or treatment of any illness, disease or physical or psychological disorder.

I also understand that all personal information and all issues discussed within and with regard to the healing session(s) are held by Julia Ahlers Ness as confidential and private.

Signature _____

Date _____