Adalina East

Transformational Healing
Multi-Dimensional Mentor
646-630-5035
www.adalinaeast.com
adalina@adalinaeast.com

Please fill out form electronically, print & sign, and send a scanned or photographed copy to me.

Name: _____

Preferred name/nickname: _____

Street address: _____

City: _____ State: _____ Zip code: _____

Country: _____ Phone: _____

Email: _____

Date of birth: _____ Time of birth: _____ Spiritual practice (if any): _____

Medical doctor: _____ Phone: _____

Please list all supplements, herbs and prescription medications, dosages and their purpose below. Feel free to add a sheet if necessary. If you are working with Adalina as a medical intuitive, you can add this information later.

Example: Plaquenil, 200mg per day-rheumatoid arthritis; white Siberian ginseng, 20 drops of tincture per day-energy levels

By signing this form, I understand that Adalina East and Entropy Healing, LLC are here for educational purposes only and I hold harmless both entities. Do not discontinue pharmaceuticals without consulting with your medical doctor first.

If I cancel my appointment with less than 48 hours' notice, I will be charged for a full session.

_____ _____

Signature Date