

Session Request Form

PRINT AND USE BLACK OR BLUE INK PEN (Definitely no pencil)

Your Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country if other than US: _____ Email Address: _____

Home Phone: _____ Work Phone: _____

Name of Person Being Treated (if not you): _____

Gender: Female Male Age: _____

Optional: A client photo is beneficial for us to have a photo of the person receiving a session. If you have a printed photo, please attach to this form.

If you are requesting a first-time session with a QT practitioner, you may be eligible for our offer to receive a 60 minute session for a flat rate of \$200 (*or \$300). This amounts to a savings of up to \$200 from the standard practitioner rate. Click here for details. Do you want to take advantage of this offer for your first session? *Dr Stephen and Beth Daniel (when accepting new clients) offer a \$300 first session rate.*

Yes No

Practitioner Choice:

Beth Daniel is NOT taking new clients at this time. Please contact cheryl@quantumtechniques.com to be placed on a waiting list.

<input type="checkbox"/> Dr. Stephen P. Daniel, Ph.D, FPPR	<input type="checkbox"/> Beth Daniel, M.A., Ed.S.
<input type="checkbox"/> Jody King Colegrove. ACP-EFT	<input type="checkbox"/> Dr. Carolee Johnson N.D., M.H.
<input type="checkbox"/> Dr. Thomas Miller	<input type="checkbox"/> Dr. Kristin Killops

How did you hear about us?

<input type="checkbox"/> QT Client	<input type="checkbox"/> QT Practitioner
<input type="checkbox"/> EFT Video (Gary Craig's DVD)	<input type="checkbox"/> QuantumTechniques.com (website)
<input type="checkbox"/> Youtube Video	<input type="checkbox"/> Social Media (Facebook, Twitter, Pinterest, etc)
<input type="checkbox"/> Internet Search Engine (Google, Yahoo, etc)	<input type="checkbox"/> Blog
<input type="checkbox"/> Sedona Talk Radio	<input type="checkbox"/> Transformation Radio
<input type="checkbox"/> Edge Magazine Radio	<input type="checkbox"/> News for the Soul Radio

If referred by an individual, we'd like to share our gratitude: _____

Please list any medications taken now or in the past:

Treatment history: What remedies and treatments have you tried? What helped?

List any personal or family history of allergies, asthma, headaches, bowel problems, or other illnesses. (These are frequently associated with food and environmental allergens):

Have you ever had a bad reaction to a medication/drug, herb, or supplement? If so, identify the product and describe your adverse reaction.

Have you every had any severe reaction to anything including food, lotions, herbs, pesticides, chemicals, etc, especially if the reaction involved hives or something on the skin? (Please provide substance and reaction details.)

Have you ever been bitten by a tick and or had lymes? Yes No

Have you or your parents ever used accutane for acne? Yes No

Do you have white spots on your fingernails? Yes No

Have you had a flu shot recently? Yes No How long ago? _____

Have you ever had a traumatic or poor response to a surgery? If so, describe the purpose of the surgery and indicate when it occurred.

Conditions, places, circumstances and instances that evoke the current problem:

Please list any man-made objects in your body and the date of the surgery; for example, stents, pins, artificial joints, root canals, crowns, pacemakers, etc.:

What surgeries, operations, traumas, accidents, etc., have you had?

Have you ever had a head or tailbone injury? Yes No

Do you have major scars on your body? Yes No

If yes, please describe:

Do you have body piercings? Yes No

If yes, Location:

Do you have tattoos? Yes No

If yes, please list locations and colors of ink:

Do you use tobacco? Yes No

If yes, please specify how often and amount used:

What type of cookware do you use?

<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Iron	<input type="checkbox"/> Copper
<input type="checkbox"/> Glass	<input type="checkbox"/> Ceramic	<input type="checkbox"/> Teflon Coated	

Other: _____

Do you live or work within one-half mile of a cell phone tower? Yes No

How many hours of sleep do you average every night?

Is there anything else you want to tell us-that will allow us to more completely help you?

Typical Foods

Please list the most common foods you ingest.

Breakfast:

Lunch:

Dinner:

Snacks:

Beverages-Liquids

PURE WATER CONSUMPTION (no lemon, no additives, just water) Indicate the total number of cups you drink each day: _____

CAFFEINE CONSUMPTION (Including any coffee, any tea, AND decaffeinated as well) Provide the total number of cups consumed each day: _____

Provide Type and Amount:

Water: _____

Juice: _____

Soda: _____

Soft drinks (i.e., Hi-C, lemonade, ice tea): _____

Milk: _____

Coffee: _____

Tea: _____

Alcohol: _____

Supplements

Please list any vitamins, minerals, etc:

Personal Care Products

Provide Type/Name/Brand Names of Each

Soap: _____

Moisturizing lotion/face cream: _____

Shampoo: _____

Conditioner: _____

Detangler: _____

Hairspray: _____

Hair gel: _____

Hair dye/highlight: _____

Antiperspirant/deodorant: _____

Shave cream: _____

Perfume/cologne: _____

Make-up/make-up remover: _____

Nail polish/remover: _____

Mouthwash: _____

Toothpaste: _____

Floss: _____

Whitening products: _____

Hand soap/hand sanitizer (i.e., Purell): _____

Sunscreen: _____

Bug spray: _____

Essential oils: _____

Household Products

Provide Type/Name/Brand Names of Each

All purpose cleaner: _____

Glass cleaner: _____

Dishwashing soap: _____

Dishwasher detergent: _____

Floor cleaner: _____

Laundry detergent: _____

Laundry stain remover: _____

Fabric softener: _____

Dryer sheets: _____

Other: _____

Do you use: air fresheners candles wood in your fireplace

Do you send clothes out to be dry cleaned? Yes No

Pet Products

Provide Type/Name/Brand Names of Each

Pets: _____

Pet shampoo: _____

Tic/flea repellent: _____

Lawn fertilizer/pesticide: _____

Jewelry (gold, silver, etc): _____

New paint, new floor tile/carpet, construction of any kind: _____

Cooking source (electric, natural gas, propane, etc.):

Childhood (option intended for younger client)

Provide Type/Name/Brand Names of Each

Markers: _____

Paints: _____

Glue/rubber cement: _____

Temporary tattoos: _____

Stuffed animals: _____

Favorite plastic toys: _____

Legal Paperwork

Legal and Financial Understanding

Most issues, such as those involving pain, trauma, and emotion, respond immediately to bioenergetic correction with Quantum Techniques. More complex issues involving autoimmune process or chronic illness with pathological tissue and biological agents take longer to resolve. An example would be a person with a massive fungal infection and gut dysbiosis with hidden virus and parasites. This client may need to avoid certain foods and may need to take a supplement or two to help kill off the fungus, virus and parasites along with the QT code. It may take the body time to kill off the pathogens and rebuild the gut lining. Due to the nature of Quantum Techniques/Healing Solutions, LLC. and its high effectiveness, we make the following guarantee:

We will evaluate and suggest a bioenergetic correction for your issue and let you experience the results overnight. If you do not believe, after overnight reflection, that you are dramatically better or that your chronic condition will benefit greatly from this work, we will fully refund your initial payment of fees. This is a one-time guarantee, and you must make this determination within 24 hours of your first session. If you choose to continue sessions, no refund will be available.

I have read, understood and agree with the Guarantee of Quantum Techniques/Healing Solutions LLC as represented.

DATE: _____

SIGNATURE: _____

Disclaimer, Hold Harmless, and Consent to Participate in Energy Coaching Sessions with a Quantum Techniques/ Healing Solutions, Inc. Practitioner

Disclaimer Overview

Quantum Techniques (QT). are not intended to diagnose, prescribe, treat, or cure any disease, physical or mental. The use of Quantum Techniques (QT) by a QT practitioner should not be construed as a prescription, a promise of benefits, claims of cures, or a guarantee of results to be achieved. The information, instruction or advice given by a Quantum Techniques practitioner is not intended to be a substitute for competent professional medical or psychological diagnosis and care. You should not discontinue or modify any medication presently being taken pursuant to medical advice without obtaining approval from your healthcare professional. As a Quantum Techniques and Healing Solutions client, you must take complete responsibility for your own physical health and emotional wellbeing.

Disclaimer Explained

Quantum Techniques consists of self-help coaching techniques and tools, within the category of “energy therapy.” A client learns and uses Quantum Techniques to balance their own body’s energy system with the intention of reducing stress, enhancing overall health, and removing dysfunctions in the body’s bioenergetic system. Quantum Techniques and Healing Solutions and its practitioners believe that it is the client who heals himself/herself, and that the Quantum Techniques techniques and tools simply assist the client in this process. Every Quantum Techniques and Healing Solutions client is unique, and therefore, each client’s experience with Quantum Techniques may be unique. Quantum Techniques is not a substitute for regular medical or psychological care. Quantum Techniques is not about disease or illness—rather, its focus is on healing and wellness. Medical authorities do not recognize this work as “medicine”. We agree. There are researchers in this area who believe there is a correlation between the detection of certain energetic frequencies and the presence of disease states or organisms

in the body. Energy therapies, like Quantum Techniques, may be able to identify the unhealthy frequencies years before a physical disease manifests in the body. As a person heals those frequencies, health is enhanced. Our work, which includes evaluations and scans of the subtle-energy field, is strictly limited to address the imbalances in the subtle-energy field. For example, in our scans we may talk about the frequencies of virus, bacteria, fungus and parasite issues. We are only saying that we have often found those frequencies when our clients are in a non healing state. Commonly, people who manifest those frequencies over time experience patterns of deterioration in the way they feel. As those frequencies are cleared and the energy field is balanced, they typically experience a return to feelings of wellness. We cannot determine if the client actually had a virus, bacteria, fungal infection or parasite. We cannot determine if a client actually has Multiple Sclerosis, Parkinson's disease, Manic Depression or HIV, for example. Testing for that is beyond our expertise. For those determinations, we refer clients to their M.D. or licensed health care professional for appropriate tests. No one is advised to discontinue or to avoid medical or psychological consultations. There are cases where medical or psychotherapeutic consultations are advised. Don't use these techniques to try to solve a problem where your common sense would tell you it is inappropriate. Since these are self-treatment techniques, we cannot and will not take responsibility for what you do with them. You are required to take complete responsibility for your own well-being both during and after the use of our materials and/or coaching sessions. Some statements on web site, <http://www.quantumtechniques.com>, manuals and products represent working theory rather than accepted science. Quantum Techniques practitioners practice as bioenergetic consultants, not as licensed medical doctors, psychologists, psychotherapists, chiropractors, lawyers, nutritionists, or naturopaths. Although these techniques are being used by therapists, health professionals and lay people worldwide, the practice of Quantum Techniques and bioenergetic consulting is not currently regulated by any licensing board in the United States. Any spiritual counseling provided by Quantum Techniques practitioners is not part of any recognized religion. We have not personally experienced any adverse side effects when applying the gentle techniques of Quantum Techniques when the treatment protocols and suggestions were followed. This does not mean, however, that you will not experience or perceive negative side effects. If you use these techniques on yourself or others, you must agree to take full responsibility for your own well-being and you are required to advise others to do the same. You must understand that while an energy healing approach is a safe self-treatment method, with a substantial body of clinical experience showing no serious side-effects when properly administered, it is possible, with any form of healing, that unresolved memories and related emotions and sensations may be brought into your awareness. It is possible that this emotional material may continue to surface after the coaching session and require further self-treatments or coaching sessions. It is also possible that previously traumatic memories may lose their emotional charge, and this could adversely affect your ability to provide legal testimony that carries the same impact as it might have prior to treatment. In some rare cases, clients with chronic illness have reported some mild healing reaction symptoms as their body releases stored toxins. Typically this is short lived and can be addressed with another coaching session or self-treatment protocol.

Hold Harmless Agreement

I agree to hold harmless Stephen and Beth Daniel, the originators of Quantum Techniques, LLC, Healings Solutions, LLC and it's practitioners, and anyone affiliated with Quantum Techniques, LLC, Healings Solutions, LLC from any claims, liability, or loss incurred directly or indirectly by me (or anyone I may teach or seek to help using Quantum Techniques) as a result of the use or application of any techniques or methods learned from a Quantum Techniques practitioner or product.

Item #149 *

I have read, understood and agree with the Disclaimer and Hold Harmless Agreement, and consent to participate in energy coaching sessions with a Quantum Techniques/Healing Solutions, LLC. practitioner.

DATE: _____ **SIGNATURE:** _____

Billing Policy

If you the client pages a practitioner for a session then an invoice will be incurred and you will be billed during the billing policy period. You are not billed if you do not page a practitioner.

These are our policies regarding billing and payment:

1. All accounts must be paid in full with a credit card (VISA, MasterCard, Discover, or American Express) or a debit card (having a VISA or MasterCard logo on it).
2. Invoices incurred between the 1st and the 15th of the month will be charged to the client on the 17th of that month. Invoices incurred between the 16th and the last day of the month will be charged to the client on the 2nd day of the following month.
3. Statements are sent out one time a month after the billing on the 2nd of each month to all our active clients. To save natural resources, we are emailing billing statements to clients with an active email address rather than using postal mail.
4. The size of our practice requires that we use an automated billing system. We can no longer make special billing arrangements unless the client is willing to pay for the cost of those arrangements. With the exception of issues involving a credit card expiration date, each client will be billed \$20.00 for each instance where collecting what is owed cannot be fully performed with our automated system. This includes, but is not limited to: declined credit cards, not paying off the full balance, repeatedly using multiple cards, etc. Because we understand things can happen, we will allow one instance free per client.
5. It is the responsibility of the cardholder to inform us promptly of any changes of credit card, new expiration dates, etc. Report these changes in this FORM.
6. It is the responsibility of the client to track their own minutes-per session and session dates/charges. Please feel free to ask your practitioner for this information at the end of your session(s).
7. Problems with your account, questions and other billing-related issues should be discussed with our Customer Service, which can be reached in these ways:

Phone: (928) 771-1215

US Toll Free: (888) 767-8002

E-Mail: cheryl@quantumtechniques.com

Fax: (928) 771-1403

Payment Information

Bioenergetic correction is not typically a health insurance reimbursable item. Some medical savings plans do allow for these services if they are billed as acupuncture for allergies or pain control. Bill my credit or debit card twice a month for the sessions provided to the client. Bill my credit or debit card for the session(s) I received. I accept that it is my responsibility to keep track of the time I use or ask the Practitioner how much time I have used at the end of each session. If you have a session with a practitioner, then an invoice will be incurred and your credit card will be charged at the end of the bi-monthly billing period during which your session occurred. You are not billed if you do not have a session with a practitioner.

Name on Card: _____

Credit Card Type: _____

Credit Card Number: _____

Expiration Date (mm/yy): _____

(Optional) Complete if billing address is different:

Billing Address: _____

City: _____ State/Province/Region: _____

Zip/Postal Code: _____ Country: _____

Billing Phone Number: _____ Billing Email Address: _____

You are welcome to use any available Practitioner at any time.

On-call minutes are billed as followed:

Dr Kristin Killops \$5.00 per minute

Jody Colegrove USD \$5.00 per minute / USD \$6.67 per minute

Dr Carolee Johnson & Dr Tom Miller USD \$6.67 per minute

Dr. Stephen & Beth Daniel USD \$7.50 per minute

Client Request and Authorization

I, the undersigned, request that Stephen P. Daniel, FPPR, Quantum Techniques, LLC, Healing Solutions, LLC, Beth Daniel, or any other QT practitioner listed and active on the www.quantumtechniques.com website at the time of this agreement, perform an evaluation and set up sessions for the purpose of coaching me in a self-help acupuncture technique for reducing stress, enhancing my health and removing any dysfunction in my bioenergetic system.

I understand that QUANTUM TECHNIQUES (QT) / Healing Solutions, LLC. (HS) are not intended to diagnose, prescribe or treat any disease, physical or mental. They are also not intended as a substitute for regular medical or psychiatric care. I am not being advised by QT/HS to discontinue any prescribed medication or medical or psychological care. I am hereby instructed to consult my personal physician for specific symptoms or medical concerns.

I agree to the terms and conditions set forth in the Quantum Techniques Billing Policy.

DATE: _____

SIGNATURE: _____