# Inner Divinity Attraction

Date: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____

Birth Date: _____ Age: _____ Sex: M F

Business/Employer: _____ Type of Work: _____

Check One: ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Separated No. Of Children _____

Referred To This Office By: _____

Intension of This Appointment: _____

## PERMISSION & AUTHORIZATION FORM REGARDING I.E.T TREATMENT

**PLEASE READ BEFORE SIGNING :**

I specifically authorize the natural health practitioners at Inner Divinity Attraction LLC to preform I.E.T (**Integrated Energy Therapy)** treatment in order to assist me in improving my health, **and not for the treatment, or "cure" or diagnosis of any disease.**

I understand that I.E.T **is a safe, non-invasive, natural method** of cleaning spiritual energy.

No promise or guarantee has been made regarding the results of I.E.T or natural health programs recommended, but rather I understand that I.E.T is a safe method of clearing spiritual energy.

I have read and understand the foregoing.

This permission form applies to subsequent visits and consultations.

Print Name: _____ Date: _____

Signature: _____