



Healing Certification Program
Client Feedback Form

Student: _____

Today's Date: _____

Client's Name: _____

Address: _____

Town _____ State _____ Zip _____

Phone Number: _____

Referred By: _____

E-Mail Address: _____

_____ Check if you would like to receive updates about upcoming classes & events from the
Institute for Spiritual Development, Oneonta

I understand that the spiritual reading and/or Healing offered are not a substitute for medical and/or other professional care. I agree that any information provided by the Spiritual Reader/Healer is to be viewed as informational in nature and not diagnostic or prescriptive in nature.

I also agree to actively participate as much as possible in my own healing process.

Client Signature _____

Please comment on today's session

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