

CARRIE HARRIS & CHRISTOPHER SELL
 C. M. H., C. HYP., M. P. N. L. P. CHANNEL, SPIRITUAL COUNSELLOR AND TEACHER
DIRECT, INDIRECT AND REMOTE SPIRIT RELEASE
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Application for Spirit Release

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Name of Person to be Released (Client).....

Name of Person requesting Release (if other than Client).....

Relationship to Client (e.g. mother, friend etc).....

Requestor's address.....

.....Post Code.....

Telephone No.....Mobile.....

Email.....

Client's date of birth..... Or Age

ALL INFORMATION IS STRICTLY PRIVATE AND CONFIDENTIAL

We intend to serve you to the best of our ability. In order help us to do so, please answer the following questions:

Circle as appropriate **on behalf of the Client to be Released**

- | | | | | |
|-----|---|------|--------|---------|
| 1. | My energy level is | Low | Medium | High |
| 2. | I suffer from character shifts or mood swings | | Yes | No |
| 3. | I hear inner voices speaking to me | | Yes | No |
| 4. | I have used or abused (circle any that apply) | Food | Drugs | Alcohol |
| 5. | I have impulsive behaviour | | Yes | No |
| 6. | I have a problem remembering things. | | Yes | No |
| 7. | I have poor concentration. | | Yes | No |
| 8. | I have experienced a sudden onset of anxiety or depression | | Yes | No |
| 9. | I have experienced a sudden onset of physical problems, with no obvious cause | | Yes | No |
| 10. | I am currently taking medication | | Yes | No |

Please add further information you feel may be relevant, and then sign and date, overleaf.

11. Further information I believe to be relevant to this Spirit Release

A FINAL NOTE. For remote release we work together. Without exception all information gained as a result of this therapy is shared only with the Requestor &/or Client. Our skills are focused for the greatest good of the Client and most people benefit from one single session. Appropriate physical healing may be experienced as a result of the session. However, this is a complementary therapy; not a medical treatment. Any areas of physical concern that may become apparent during the session do get mentioned in the written report. It is then up to the recipient &/or client to decide whether to refer this to a medical practitioner. If you have any queries before requesting this therapy, please ask.

Declaration:

I have read and understood all of the above. I have answered all the questions as accurately as possible on behalf of the Client. I understand the concept of this therapy and request a session be undertaken for the Client.

Signed.....

Date.....

PLEASE NOTE THAT WE DO EACH RELEASE IN ORDER OF RECEIPT OF THE COMPLETED FORM AND THE FEE OF £150.

The written report will be sent to you as soon as possible after the release. We usually post the reports but can email if preferred.