



# Trinity Wellness LLC – Kevin Kiernan

Certified Reconnective Practitioner Mentor

## CLIENT REGISTRATION FORM

PLEASE PRINT

Today's date:	Location:	<input type="checkbox"/> Alexandria	other:
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### WHO ARE YOU?

Last Name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Birth Date
Street address:		Phone : cell home work (    )		Email address:	
P.O. box:	City:	State:	ZIP Code:		

### WHAT DO YOU DO?

Occupation:	Is this your First experience with "energy" healing?	Are you interested in learning Reconnective Healing®?
If Yes, what other modality have you used?		<b>Yes    No    Maybe</b>

### HOW DID YOU FIND ME?

Who Referred you to Trinity Wellness? (please check one):	Name	phone : (    )
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work
<input type="checkbox"/> Internet	<input type="checkbox"/> Other	

**Please Note:** The two session attunement called The Reconnection must be completed within a **96 hour** time frame maximum. If you complete your first session but cancel your second and do not complete it within the 96 hours you will need to reschedule BOTH sessions and the initial session will be billed as a healing. We do this to insure that you have the best possible experience and to insure the integrity of the work. **Initial :** \_\_\_\_\_

### HOW WOULD YOU LIKE TO HANDLE YOUR ADVANCE PAYMENT?

Credit Card Policy: All credit cards must be processed through Google Checkout or Pay Pal before your appointment time

Payment method:	<input type="checkbox"/> CASH	<input type="checkbox"/> Pay Pal	<input type="checkbox"/> Google Checkout	<b>Total Payment:</b>
Services Required:	<b>The Reconnection®: \$333</b>	<b>Reconnective Healing®: \$150@</b>	How Many? <b>1    2    3</b>	<input type="checkbox"/> <b>Mentoring \$150@</b>
Third Party Payment : relationship to patient:	<input type="checkbox"/> Parent	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child	<input type="checkbox"/> Other
	<input type="checkbox"/> <b>In Person</b>		<input type="checkbox"/> <b>Distance</b>	

### EMERGENCY CONTACT

Name of local friend or relative :	Relationship to patient:	Home phone no.:	Cell phone no.:
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### DISCLAIMER

DISCLAIMER: The above information is true to the best of my knowledge. I understand that the Alternative Practice called The Reconnection® and Reconnective Healing® is not regulated as a medical practice, nor is licensed by the state. Reconnective Healing® is not therapeutic or diagnostic by design or intent. Kevin Kiernan is not a licensed physician and makes no claims of medical efficacy, nor does he guarantee any specific outcomes. He does not diagnose, treat, cure or prevent any disease. You agree that all medical questions are to be referred to your personal physician. You may be fortunate enough to have your expectations fulfilled through your Reconnective sessions and you may be even luckier to have an experience which you could not possibly have anticipated. You may disclose, at your discretion, any additional information about your ailments or medications which you may feel will be useful to the practitioner, but only AFTER your sessions are complete. Do not suspend your prescribed medical treatments without consulting your physician. As a certified Practitioner, I am required to report completion of your Reconnection and your contact information to The Reconnection® offices in Hollywood, CA. Your signature grants permission to share your information for this purpose. They may contact you and you can opt out of receiving their communications directly with them. As a client you are automatically added to my e-mail list. Completion of your Reconnection does not qualify you to practice Reconnective Healing®; however, it does make you eligible for an additional fee to participate in practitioner training events, listed on the official website of The Reconnection LLC at <http://www.thereconnection.com>.

E-mail policy: We comply with the CanSpam Act of 2003 and do not Spam or share your info

Check to opt out of e-mail list

Signature

Date

**DATE**

**THE RECONNECTION DAY ONE**

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**DATE**

**THE RECONNECTION DAY TWO**

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**DATE**

**RECONNECTIVE HEALING**

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**Client Receipt and Disclaimer Copy:**

**TRINITY WELLNESS LLC DISCLAIMER**

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**In the event you chose to pay in Cash at your first session, this cash receipt will be completed  
All electronic transactions will be receipted via e-mail with Paypal or Google Checkout**

<b>TRINITY WELLNESS LLC</b>		Receipt No.:
Paid by:	Paid to:	
<b>DESCRIPTION</b>	<b>QTY</b>	<b>AMOUNT</b>
<b>The Reconnection® in 2 sessions Reconnective Healing® Session Mentoring and Pre-Certification Review</b>		
	<b>TOTAL</b>	
The services provided are without warranty & are non-refundable	<b>CURRENCY:</b>	
Date:	Received by:	
Valid only if Signed		