Client In-take Application

Intuitive Energy Evaluation with Dr. Meredith Young-Sowers

To: The Stillpoint Foundation
Attn: Meredith
17 East Ridge Drive
Peterborough, NH 03458

Tel#: (603)-756-9281
Fax#: (603)-371-0054

From:

Name _____ E-mail:_____

Address1 _____ Phone, Daytime: (_____) -_____

Address2 _____ Phone, Home: (_____) -_____

City: _____ Best Time to Call: _____

State: _____ Fax#:_____

Zip code_____ Credit Card #_____

Visa _____ MasterCard_____ Expiration Date: _____

Note: We only accept Visa and MasterCard.

1. Describe the nature of the situation for which you seek guidance and healing. Meredith does an in-depth evaluation of your energy field before your phone consultation, and also overview of your physical, emotional and spiritual health. Please indicate the specific concerns or situations that you wish Meredith to focus on.

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2. What healing modalities or treatments have you already pursued for this situation and how successful have they been?

3. Are you presently under a physician's care? If yes, for what type of care?

4. Anything special you want Meredith to know about you or your situation?

5. What do you want to get out of your session with Meredith?

NOTE: Meredith's energy work with you is meant to complement—not substitute for or replace—your total healing program. This work is an important addition to both a holistic and a traditional medical treatment program. Use her information in conjunction with the advice of your physician or healthcare practitioner.