

Intuition Consultation

Karen Grace Kassy

schedule appointment

Repeat Consultation:
\$145

Please print this form on
your computer and mail
it to:

KAREN GRACE KASSY
PO Box 1421
Sisters, Oregon 97759

*Do NOT send registered mail,
certified mail, return signature
required, etc., as this will only
delay response time and may
result in your form being
returned to you.*

Consultations are not appropriate
for emergency purposes.

Consultations are not given to
minors under the age of 18.

Only you can fill out this form for
yourself, not another person.

As a repeat client, you are invited to call my office at 541-388-3987. I have your information on hand and can schedule an appointment for you by phone, if you prefer. **Please fill out the form completely, or I cannot do the consultation.** As soon as our office receives this, you'll be called to set up an appointment. You must give at least one business day's notice to change your appointment once it has been set.

Name _____ Age _____

Daytime Phone _____

Evening Phone _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Karen likes to thank the people who send her clients. If you know who referred you, and how she can get in touch with them, she'd appreciate knowing:

Referral Name: _____

Referral email (just to say thanks): _____

Method of Payment (Please choose)

Check Visa Mastercard Discover

Name on Credit Card _____

Credit Card # _____

Exp. Date _____

Signature _____

Make checks payable to Karen Grace Kassy

I realize that the information discussed with Karen Grace Kassy is intuitive in nature and is to be used for information purposes only. It should not and will not be used as a substitute for a physician's or psychiatrist's medical diagnosis, treatment and care. I realize any action I take is of my own, free will and I will assume all risks associated with the use of his information. I agree that I will not hold Karen Grace Kassy, in any case, liable, at any time, for any direct, indirect, special, incidental, consequential or punitive damages. I understand that there are no warranties made as to the information's completeness, accuracy, currency or reliability as relates to this Life & Health Consultation and any discussion thereof.

I also realize that for legal purposes, I acknowledge that I do have a healthcare practitioner with whom I will consult if I decide to take action or change anything regarding my healthcare.

Signature _____ Date _____

OPTIONAL: Your consultation will focus on many things, and you are welcome to ask questions throughout. Some people prefer to let the process unfold. Others prefer focus the session by preparing questions. If that is your preference, on the back of this form, write up to five (5) specific questions you would like addressed in the consultation (you can still ask questions throughout). These could be 5 health questions; or 3 health, 1 career, 1 relationship, or any mix you prefer. The more SPECIFIC your question, the more specific the answer can be. This is optional.