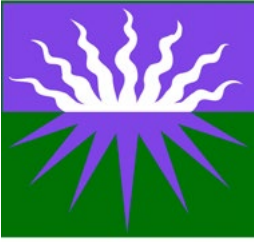


As Above, So Below



As Within, So Without

**Rev. Louisa A. Dyer, MA**

**828-484-8969**

Masters in Holistic Psychology; 28 years clinical experience

info@louisadyer.com; www.louisadyer.com & theWOWProcess.com

## Wholistic Spiritual Counseling & Intuitive Services

RELEASE FORM - please read, sign & bring to 1st session

Name:

Email:

Address:

Landline/Fax:

Cell:

Please read the following, and if you fully agree, then sign, date and return.

1. Wholistic Spiritual Counseling & Intuitive Services include many elements, most of which are detailed on my websites: www.louisadyer.com, louisadyer.net & thewowprocess.com. All services offered focus on spiritual awareness of Divinity within, holistic psychological principles, proven energy medicine & direct communication with your Higher Self, bodily wisdom, the Akashic Records, Nature Intelligence, and the field of consciousness itself using kinesiology (muscle testing, which I accomplish through advanced use of a pendulum).

If you are interested in an Akashic Reading, please complete the Akashic Release Form as well.

2. All services access God-given life energy to enhance health, vitality, spiritual growth & overall well-being. Divinity provides the power for remembering wholeness, whether physical, emotional, mental or spiritual, and all services access that Power through prayer, humility, compassion & faith.

3. In no way are any of these tools meant to replace appropriate medical or psychiatric care.

4. This document relieves Rev. Louisa A. Dyer of any claims, legal or otherwise, resulting from these services.

5. It is agreed that these services have been voluntarily solicited.

6. If services are requested for anyone other than the one signing this agreement, then the signature on this document is his/her acknowledgment of full responsibility for that individual, thereby relieving Louisa A. Dyer of any claims or responsibility, legal or otherwise, for the health or care of said individual.

7. Because Rev. Dyer often has a client waiting list, it is requested that you honor all involved by giving a 24-48 hours notice, except in true emergencies, if you choose to cancel an appointment. Without such notice, you will be asked to pay for the missed session.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If any in addition to one named above, please print name of person/place services are rendered for, and your relationship/purpose in requesting such services:

\_\_\_\_\_