

## Medical Intuitive Reading Request and Consent Form

By Signing Below, I hereby represent and agree as follows:

- I am over 18 years of age; or, I am the parent or legal guardian of the subject of the reading.
- I wish to obtain a medical educational intuitive reading.
- I am currently under the care of a physician or other health care practitioner.
- During this educational consultation, a list of available options or solutions will be described, but I agree that before undertaking any of these options or solutions, I will consult my physician or other health care practitioner whose care I am currently under.
- I acknowledge by signing this form that I have not been hospitalized for psychiatric reasons within the last three (3) years.
- I promise to carefully read this form before and after the reading.
- I understand that Jennifer Van Dillen reserves the right to refuse to do a reading, or end one at any time and will refund the client's payment (\$125.00) in full.
- After the first 10 minutes of the reading "The Emotional Segment", you will be asked if the reading matches your experience. If it doesn't seem valid, the reading will be ended and a full refund will be granted. However, if you state that the reading matches your experience, and you ask me to complete the session, you are agreeing to the full fee and understand that no refunds will be available.
- I understand that a Medical Educational Intuitive Reading is not a medical diagnosis, medical treatment or medical advice; therefore I understand that a Medical Educational Intuitive Consultation will not provide prescription, treatment or psychotherapy.
- I understand that a Medical Educational Intuitive Reading is not reimbursable by medical insurance.
- Cancellation Policy: No refund will be given if we receive notice of your cancellation less than 48 hours from your scheduled appointment time.

X \_\_\_\_\_ (SIGNATURE)