

BARBARA BRENNAN SCHOOL OF HEALING®

Hands of Light Workshop®

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Confidential profile for the Hands of Light Workshop®

Please fill out in upper case letters.

_____ M ___ F ___
First Name Last Name

Address

City Province Postal Code

Country

Telephone (Home) Telephone (work)

Fax Email

Occupation: _____

List the medication that you are currently taking or that you have taken in the last two years. Please indicate the conditions for which this medication was prescribed:

List your current physical and medical condition:

Have you ever been hospitalized or treated for psychological difficulties? Has psychological treatment ever been recommended to you? Yes ___ No ___. If yes, what was the reason and please indicate the date and year.

Participant's signature

Date

Full Name (in upper case letters)

Age

Please answer all the questions. Indicate N/A where applicable. Please return the original to the HOL organizer and keep a copy for your files.