



Dolphin Healing Hands

May peace, eternal love, light & harmony be your reality

Website: www.DolphinHealingHands.com

Phone: 231.769.0818

Email: info@DolphinHealingHands.com

Greetings & Blessings!

The Higher Self holds information about your past, present and future experiences. This information is considered a "Spiritual Record" of the Soul's journey since inception, as well as the learning opportunities to come. The recorded information is referred to in virtually every ancient spiritual teaching and is held in what is known as the "Book of Life."

A Spiritual Consultation from this "Record" consists of opening up to one's Soul and allowing information from this profound spiritual level to come forward. Perceptions and insights from this deep spiritual perspective will support you in your life right now. Specifics about past lives may or may not be relevant. What is generally valuable is Soul guidance, and the way the Higher Self brings forward memories, teachings, and inner wisdom to help you work through life's situations and to grow into the potential that you are.

As your consultant, I agree to open myself to the information using any and all modalities that are available from your "Soul Record" and allow myself to look and say that which comes directly to me. We will work from your questions, so it is important to prepare yourself by reflecting on your current life circumstances and bring requests about where you would like greater clarity. Your openness will determine largely what is offered during our session with Spirit.

Please remember that all information and healing presented is to assist you with your own current awareness and focus. You may choose to share the experience with others yet you are responsible for the results of their receiving the information as it is recounted or interpreted by you.

I do my best to relay what I am given to the best of my ability, presenting you with all that is conveyed to me during our time together in confidentiality. It will be supportive if you understand that no matter what I say, you are responsible for reviewing the session in the context of your own life. You may feel the effect immediately, after months, or both.

Please consider the overall impact of our moments together as we allow Spirit to move through our path. We will be working with the Light for the Highest Good of All concerned and surrender this event over to the Divine Spirit for all direction.

Please prepare for our session with some of the guidelines below and then sign the Consultation Agreement to indicate that you acknowledge this agreement as written.

Preparation

- Relax & become quiet.
- Go inward & ask:
 What things are most important for me to know right now?
- Write them down as they come forward.
- Put them in the form of a question.
- Bring these to your consultation.
- Plan on 40 minutes to an hour.
- Please call if via phone consultation at your scheduled time.
- Payment is to be sent with your **SIGNED** *Consultation Agreement*.

Consultations

All consultations are available in person or via phone consultation. There is no öbetter way/methodö of these choices. The information is received and delivered regardless of geography/location of the client and therapist. Phone consultations offer more flexibility for both client and therapist for scheduling purposes.

Whichever method agreed upon, the *Consultation Agreement* **MUST** be submitted to the therapist **PRIOR** to the appointment time via fax, email, or mail. This is not negotiable.

***May tranquility, peace, eternal love & harmony be your reality! ***

**Disclaimer: All modalities consultations offered are not a replacement or substitute for medical or psychological treatments, please consult with your primary physician before beginning any new treatment. **

Consultation Agreement

Consultation Date: ____/____/____

Legal Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

In signing this, I understand that I and only I, am responsible for any and all information. I also do not hold my consultant responsible for anything concerning this consultation. I further agree that all modalities consultations offered are not a replacement or substitute for medical or psychological treatments.

Signature: _____

Date: ____/____/____

Please initial if you would like to be added to Dolphin Healing Handsø
Newsletter. _____