

THE INDIGO CENTER
LYNN ROSE DEMARTINI

NAME_____ DOB_____

ADDRESS_____

STATE_____ ZIP_____ COUNTRY_____

PHONE_____ EMAIL_____

PRIOR TO CONSULT, CONSIDER WHO YOU WOULD LIKE TO ADDRESS (OTHER PERSON OR SELF). WHAT TRAIT, ACTION OR INACTION DO YOU MOST LIKE OR DISLIKE IN THIS PERSON THAT CREATES AN EMOTIONAL RESPONSE (EITHER POSITIVE OR NEGATIVE) WITHIN YOU.

I HEREBY UNDERSTAND THAT ALL INFORMATION SUBMITTED OR DISCUSSED IS CONFIDENTIAL. THIS PROCESS MAKES NO CLAIMS TO TREAT ANY DISORDER AND IS NOT AN ALTERNATIVE TO NECESSARY MEDICAL TREATMENT.

SIGNED_____ DATE_____

PLEASE RETURN THIS FORM AND PAYMENT TO:

PO BOX 638 MC DADE, TEXAS 78650

512-718-8693

YOU MAY ALSO SUBMIT VIA YOUR PAYPAL TO

LYNN@INDIGOCENTER.COM

I WILL CONTACT YOU AT OUR APPOINTED TIME AT THE NUMBER YOU PROVIDED VIA SKYPE.