

Responsibility and Liability Agreement of the Client

With "VortexHealing® Divine Energy Healing" P. Ola Jannhov offers an energetic treatment which belongs to the methods of **spiritual healing** (German: Geistheilung).

P. Ola Jannhov is a creative artist, DJ and life coach, and not a medical doctor or psychologist. The healing work serves exclusively to **support** and **strengthen** the self-healing powers of the body and consciousness. VortexHealing is not a substitute for medical, psychological or therapeutic treatment. Conversations in connection with the healing work are not medical diagnoses, but are to be understood as life assistance and spiritual coaching.

An accompanying meditation practice is recommended and from a certain depth of healing, it is essential.

VortexHealing® is a highly effective healing art. Deep healing is a process with the intention of creating changes in life, and these changes can manifest physically, emotionally and spiritually. Certain physical or emotional problems can be alleviated. Deep mystical experiences can occur. Life-changing realizations may come to mind.

Suppressed emotions or physical tensions can be brought to the surface and released or resolved. This process can cause various emotional or physical symptoms, all of which can be part of the healing process.

P. Ola Jannhov is not responsible for individual symptoms that may result from receiving treatment. You agree to take personal responsibility for any physical and emotional symptoms that may occur as part of the healing process. You yourself are responsible for seeking medical or therapeutic treatment if necessary.

Any payment for session/s are not paid for specific results, but for the time the practitioner invests into this work. The current booking conditions, prices and privacy policy can be found on the following website.

www.healandawaken.com

By signing, I confirm that I have read and understood the above text and that I agree to this agreement.

Date

Place

Signature

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Personal data (confidential)

First name:

Surname:

Street/nr.:

Postal code/city:

Tel.:

Tel. mobile:

Birth date:

E-Mail:

The following information is the basis for the healing work / coaching. Please answer appropriately detailed and use additional sheets if necessary. For parents, siblings and children please state year of birth and if deceased, year of death.

Marital status: _____

Gender: _____

Children: _____

Parents: _____

Siblings: _____

Country of origin: _____

Education/study: _____

Body size: _____

Present occupation: _____

Weight: _____

Your **main reason** for connecting / interest in VortexHealing:

What do you want to achieve with the healing long and short term?

Sleep habits and eating habits:

What kind of fluids and how much do you take daily?

Sports / regular exercise / meditation practice?

Are you currently undergoing treatment by a doctor, psychologist, alternative practitioner or other therapist? If yes, please explain (reason, since when, the current situation). **O No O Yes**

For the following problem areas / symptoms / illnesses, please indicate whether you have or have had them. If necessary, you can explain these in more detail. Please use the following abbreviations:

A - for Acute

CH - for Chronic

P - for Past

_____ **Earaches / tinnitus** _____

_____ **Head** _____

(head injuries/ headaches/ migraines/ dizziness/ fainting/ unconsciousness)

_____ **Teeth problem / jaw pain** _____

_____ **Back pain** _____

_____ **Other acute pains** _____

_____ **Metabolism** _____

(constipation/ chronic diarrhea/ stomach complaints/ ulcer/ small intestine/ liver complaints/ digestive problems etc./ anemia)

_____ **Diabetes** _____

_____ **Reproductive system** _____

(menstruation/ fertility/ miscarriage)

_____ **Heart, blood vessels and blood pressure** _____

(angina pectoris/ stroke/ heart attack/ cardiac insufficiency/ high or low blood pressure/ vein diseases)

_____ **Lungs / breath** _____

(bronchitis/ asthma/ emphysema/ tuberculosis/ pneumonia)

_____ **Neurological system** _____

(epilepsy/ coordination/ eczema/ psoriasis/ arthritis/ sleep disorders)

_____ **Endocrine system** _____

(hormonal abnormalities/ thyroid gland)

_____ **Autoimmune diseases** _____

(Aids-HIV/ allergies/ cancer/ tumors/ chronic fatigue/ chronic fever)

_____ **Venereal disease** _____

(herpes/ gonorrhea/ syphilis)

_____ **Organs** _____

(kidneys/ adrenal glands/ liver/ hepatitis/ icterus/ gall bladder)

_____ **Bones** _____

(fractures/ prostheses/ artificial joints/ arthritis/ rheumatism)

_____ **Ulcers / tumors** _____

_____ **Eye diseases** _____

_____ **Emotional / psychological / mental** _____

(depression/ eating disorders/ nervousness/ mood swings/ dependencies)

Are you currently pregnant?

No Yes, since when?

Medications / dietary supplements / mind-altering substances:

Accidents / wounds / operations:

Traumatic and/or life-threatening situations:

Is there any other information that might be important?

Here some information and recommendations to get optimal results:

- Stay focused but not concentrated during the healing process. Go with your attention to the sensations in the body and perceive thoughts and feelings value-free. This inner attitude supports the healing process.
- If you fall asleep during the healing, this is okay and it happens occasionally.
- After healing, drink more water than usual and avoid alcohol and other mind altering substances for 24 hours before and after each session.

For distance healing: (more details can be found on the booking page, titled “Instructions to receive“)

- Receive the treatment in a place that helps you to relax and focus on what is happening.
- Switch off from other activities about 10-15 minutes before the treatment and give body, mind and soul time to let go of everyday stress and calm down.
- Stay lying still for a few minutes after the healing and take the time you need. Gradually open your eyes and return calmly to everyday life.

By signing, I confirm that I have answered the above questions truthfully.

Date

Place

Signature