



# Aum Mantra Spiritual Center Client Registration Form

## Client Registration Form:

Name: \_\_\_\_\_ Birth Date:     /     /

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Marital Status (x one):    SINGLE    MARRIED

Occupation: \_\_\_\_\_ Referred By: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

## Health Information:

Chief Complaints: \_\_\_\_\_

\_\_\_\_\_

How long have you had this condition? \_\_\_\_\_

If treated for such condition(s) please explain: \_\_\_\_\_

\_\_\_\_\_

Previous Treatment Results: \_\_\_\_\_

Were lab tests / MRI / CAT scan performed? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Aum Mantra Spiritual Center**

P.O. Box 8469 / New York, NY 10116 / Phone: 212.216.0634 / Fax: 212.671.1399 / Web: [Janak@AumMantra.com](mailto:Janak@AumMantra.com)



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### Information and Disclosure Statement:

*Please read each item carefully and initial box:*

- I understand that Mantra Healing is an alternative form of healing, and not meant to replace medical treatment or advice.
- I understand that I am not to stop or discontinue my other forms of medical treatment, conventional or unconventional therapy including medications.
- I understand that no guarantee has been given for cure or benefit from this form of healing, and no miracles have been promised.
- I understand that Janak Tapasvi Shahi places his hands on the body to perform Spiritual Mantra Healing and I give my permission for this service.
- I acknowledge that Janak Tapasvi Shahi shall not prescribe for me at any time, will not perform medical or chiropractic services of any kind, and will not offer medical diagnosis or medical treatments.
- Healing for Minor Children is given only in the presence of a parent or other adult family member.
- I understand that 24 hours advance notice must be given for cancellation of any appointment, or I may be charged for such appointment.
- I understand that my therapy may be discontinued if I am repeatedly late or do not cancel appointments appropriately.

Client or Guardian Signature: \_\_\_\_\_ Date:     /     /

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