



application

name:

address

date:

arialhh@gmail.com
2604799835

In regards to my health, I will do all I can, in all the ways I can, for all the people I can, while I can for the well-being of my mindbody,

I take 100% responsibility for treatments employed through ARIAL HHC.

The modalities employed are my decision and are selected based on information available.

When I believe that something can be done, really done, my mind will find ways to do it.

I affirm that all things are possible.

signature (if completing electronically, enter any Numbers) :

parental signature for children under the age of 12

printed name:

approved/date:
