

Questionnaire for Gem and Essence therapy

With John Rawlings DIHom PgDSHom HMD FBIH MHMA

Once you have completed the questionnaire in as much detail as possible, please email it to info@thenaturalmedicinepractice.com or send it by post to **The Natural Medicine Practice, 43 Montgomery Street, Hove, Sussex BN3 5BE**

If you wish to benefit from the Radionic service, include in a separate envelope a sample of five or more strands of hair from your head.

You may pay online.

1. Personal details

First Name(s) --

Surname --

Address --

Zip or Postcode --

Country --

Email --

Telephone --

Age --

DOB --

Gender --

Marital Status & no. of children --

2. Issue(s) for treatment

Outline the issue(s) that you feel most need attention.