

# Psychic Horizons

## Medical Consent

Psychic Horizons is devoted to the unfoldment of Spirit manifesting in physical reality. All activities are for the purpose of enabling Spirit to manifest its capabilities.

Circle one

Are you now under a physician's care?

YES

NO

If yes; name and telephone # of physician:

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Circle one

Are you now taking any medication?

YES

NO

If yes; what medication and for what purpose:

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Psychic Horizons at no time and in no way replaces medical care

I have read and fully understand the above statements. I, with the guidance of the Supreme Being, accept all responsibility for my association with Psychic Horizons.

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print name

signature

date