

# INTENTIONAL THERAPY (distant healing)

## request and feedback form

Please find below a request form for intentional treatment after you have carefully read through the Guidelines for Intentional Therapy.

We jointly established the fee of 160 € for the 4 treatments (40 € per treatment) which will entirely go the Association and Foundation Pyramid for Light to support its realization.

Your personal data are confidential and will not be shared unless permission has been given. The treatments' results will be scientifically followed and documented, without showing any of your personal data.

Please send this form (scanned with original signature) together with a recent photograph and proof of payment to:

Intentional Therapy Coordination

Marika Verheijen

[unitingpeople@gmail.com](mailto:unitingpeople@gmail.com)

You will be informed when the intentional treatment will start.

### Personal data:

Name:

Surname:

Address:

Zip code and Town:

Telephone:

Email:

Date of Birth:

### Description of health problems:

Please first describe clearly and in short your health complaints and what of pain your experience(d). After this, give a brief summary in time of the medical diagnosis (if any), which medical specialists you visited and what type of treatments you followed with its respective results.

#### Example

<i>Personal feeling</i>	<i>2001</i>	<i>Pains in back, like being stabbed in the back</i>
<i>Medical diagnosis</i>	<i>2003</i>	<i>Specialist: Osteopath</i>
		<i>Diagnosis: Slipped disc</i>
		<i>Treatment: 5 sessions with osteopath</i>
		<i>Result: X no amelioration</i>
		<i>0 some amelioration</i>
		<i>0 strong amelioration</i>
		<i>0 aggravation</i>
		<i>Prognosis: not curable</i>



