

Initial Intuitive Consultation Appointment Request Form

Intuition Office LLC/Karen Grace Kassy (member); Box 1421 Sisters, OR 97759-1421

Phone (541) 388-3987; website: www.karengracekassy.com

Please print this form and mail to the address above. Please double check that you filled out the form completely. As soon as our office receives this, you'll be called to set up an appointment at time that works for both your schedule and Karen's. Due to a healthy waiting list and wanting to be courteous to others, you must give at least one business day's notice to change your appointment once it's been set. — Return this form with a check made out to Karen Kassy/Intuition Office LLC for \$165 (US FUNDS).

— OR pay by credit card:

Name on Credit Card: _____

Visa/Mastercard number: _____ - _____ - _____ - _____ expiration: ____/____ 3 digit code on back _____

— If you want to scan the form and email, you can send to info at karengracekassy.com. Do NOT include your credit card information because email is not encrypted and it may not be secure. Karen can get your credit card number from you when she phones to set up appointment.

— Please return to: Intuition Office LLC/Karen Kassy: PO Box 1421 Sisters, OR 97759-1421

— NOTE: *Do NOT send registered mail, certified mail, return signature required, etc., as this will only delay response time.*

— DAYTIME phone number: _____ EVENING phone: _____

— EMAIL ADDRESS to reach you: _____

— Karen likes to thank the people who send her clients. If you know who referred you, and how she can get in touch with them, she'd appreciate knowing: _____

I _____

(Print your name) (and your age)

I realize that the information discussed with Karen Grace Kassy is intuitive in nature and is to be used for information purposes only. It should not and will not be used as a substitute for a physician's or psychiatrist's medical diagnosis, treatment and care. I realize any action I take is of my own, free will, and I will assume all risks associated with the use of this information. I agree that I will not hold the Intuition Office LLC or Karen Grace Kassy, member, in any case, liable (or take any legal action whatsoever) at any time, for any direct, indirect, special, incidental, consequential or punitive damages. I understand that there are no warranties made as to the information's completeness, accuracy, currency or reliability as relates to this intuitive consultation and any discussion thereof.

I also realize that for legal purposes, I acknowledge that I do have a healthcare practitioner with whom I will consult if I decide to take action or change anything regarding my healthcare.

your signature

date

OPTIONAL: your consultation will focus on many things, and you are welcome to ask questions throughout. Some people prefer to let the process unfold. Others prefer to focus the session with prepared questions. If that is your preference, on the back of this form, write up to five (5) specific questions you would like addressed in the reading. These could be 5 health questions; or 3 health, 1 career, 1 relationship, or any mix you prefer. The more SPECIFIC your question, the more specific the answer can be. This is optional.