

Individual Consultation & Healing Form

Q.MN	w w	ith Gra	andmaster	r Qinyin	Date:	
Name		Sex	A	ge	Education	
Address			<u>I</u>	<u> </u>	<u>H H</u>	
Phone (D)		Phon	e (E)		E-mail	
Job		Reli	eligion		Race/ Country	
Major Purposes or problems you wish to solve by consultation & healing						
Major family members & their health status						
Training in Qigong, Taiji, Yoga, Reiki etc.						
Your diet	Both meat and vegetaVegetarian	arian	Your bowe	l movements	 Irregular Regular. How Dry stool Wet stool In between 	often?
Body Temperature	 Cold Neutral Hot 		Weight		- Sleep Quality	Goodaverage
			Height			□ Bad
Are you on medication? What medicine?						
How did you hear about Qinway						
Payment Method	The Consultation & Healing fee is \$295 for 90 minutes. Please pay in advance by check, money order, Visa or MC card.					
	Visa/MasterCard. Card #:				Expiration Date:	
Refund Policy	To qualify for a refund, please notify us 72 hours in advance if you wish to cancel or reschedule the appointment. Thank you!					

* Please fill out this form, then e-mail, fax or mail to Qinway Grandmaster Foundation:
E-mail: 930@qinway.org
Fax: 808-356-0632
Address: 1188 Bishop Street #1906, Honolulu, HI 96813