Client Testimonial Submission Form

Facilitator: Kathy Spohn, LMT, Member ABMP

Greetings,

You have the opportunity to create awareness through sharing your experience. I, Kathy Spohn, am compiling testimonials on the various sessions that I facilitate to further their study. Rest assured that no personal information will be given to any outside entity unless you choose to volunteer it. Your personal information is requested in case of further clarification.

I hope the findings of these submissions will offer further awareness of possibilities for families, fellowships, support groups, health care providers, and others to consider hands-on, multi-modalities that may be incorporated into these sessions. It is also hoped that this effort will be a catalyst for many studies yet to come. My thanks to you in advance.

Sincerely, Kathy Spohn, LMT

Your Contact Information

Name: _____ Gender: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____Country: _____

Phone: _____ Email: _____

What is your occupation? _____

How did you learn about Kathy's sessions? _____

If the information above is being provided by a parent or guardian, what is the name of the minor?
_____

If possible, please include a testimonial from the minor, (along with the parent/guardian's) in his/her own words, with as much detail as possible, of their session.

Do you have a medical or mental health practitioner's report, or other documentation that you could provide verifying benefits received from your session? _____ Would you be willing to sign a release form to share this information? _____

Please check one:
Do not reveal my identity _____ You may reveal my identity _____

Your signature below verifies your permission to use the information you have provided in this survey. Please print and sign your name and include the date below.

Name Printed: _____ Signature: _____

Date: _____

Please give a testimonial of what your session with Kathy did for you.

Thank you for being willing to share your experience!