



# The Light House

Homeopathy, Healing & Meditation

**Wendy Rose Isbell**

## REQUEST FOR REMOTE REMEDY

Surname  First Name  Date of Birth

Address

Suburb  Zone

City/ Country

Phone  Cell Phone

Email   Contact by Text  Receive Emails

Please tell us about your concerns

What is your main concern at present? \_\_\_\_\_

Say what makes you better or worse \_\_\_\_\_

List what treatment you have had \_\_\_\_\_

How have you been since treatment from The Light House (if you have been here)?

\_\_\_\_\_

\_\_\_\_\_

Would you like a bottle of Flower Essences?

***I UNDERSTAND THAT THE LIGHT HOUSE DOES NOT PROVIDE MEDICAL SERVICES***

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Ph 0800 WISBELL (947 235)**

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**www.thelighthouse.co.nz**

** The New Light House**