

Follow these easy instructions to book your session now!

Step 1&2 are only for first-time clients, those that have done sessions before can skip these two steps.

Step 1: Please complete the below client form, if you have done so in the past, then skip step 1&2, proceed to step 3!

Step 2: Send a photo of yourself, with the completed and signed client form to frane.hopefulminds@gmail.com

Step 3: Decide which type of session you would like to reserve, and make payment to the below banking details for that amount due (amounts are displayed beneath each session's tittle)

Banking Details:

Hopeful Minds PTY LTD

FNB Cheque Acc

Account Nr 63128183702

Branch Code 230 234

Step 4: Email proof of payment with instructions to frane.hopefulminds@gmail.com Instructions must include the following details:

What type of session you would like us to do.

What type of symptom or issue you would like us to address in that session.



Johan.hopefulminds@gmail.com
Frane.hopefulminds@gmail.com

082 897 5410
072 369 3906

If you need assistance, please do not hesitate to contact us via email or by sending a WhatsApp message or voice note to

+27 72 396 3906

Client Consent Form

Name	
Surname	
Age and Date of Birth	
Cell Number	
Email Address	

I, _____ (complete Name and Surname), hereby agree, accept and declare the following:

- That I give permission to Hopeful Minds to do a Quantum Assessment during my photo by accessing my electromagnetic energy.
- I understand that the Quantum Assessment will be done via proxy muscle testing.
- I understand that Muscle Testing and a Quantum Session is not a substitute for medical or psychiatric care.
- I understand that any information given during a session or in a session report is not intended as medical advice and should not be used for medical diagnosis or treatment.

- I understand that the information given in any session is not intended to create any physician-patient or therapist-patient relationship, nor should it be

Hopeful
MINDS

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considered a replacement for consultation with a healthcare professional, psychologist, or psychiatrist.

- I understand that Hopeful Minds make no claims to guarantee any form of healing or recovery from any illness, physical or mental. The information offered is not meant to replace any medical or psychological treatment. No guarantee is made towards validity. Use this information is at my own risk.
- I understand that the consultant or counsellor is not medically trained, and therefore not diagnosing any medical or physiological ailment or conducting medical treatment. This is merely an informative session to guide and assist me in dealing with possible trauma frequencies trapped in the body and emotional baggage from the past.
- I also understand the Quantum Life Application is an Energy Healing system, used for informative purposes, but not used to diagnose any medical conditions or ailments. This system cannot be used in place of or as replacement to conventional medical care and doctor prescribed medication, and the Quantum Consultant will never advise a client otherwise. I hereby release any consultant or counsellor of Hopeful Minds from any past, present or future health related or psychological problems and liability issues that I may have or may develop.
- I agree that I understand that any superfoods, nutrients, essential oils or natural remedies in a session report are only a suggestion, not a prescription, and that I have been advised by the Quantum Consultant to consult a medical doctor before use of any of the above mentioned, and that I should be mindful to perform an allergy test prior to using any of the above mentioned.

Client Questionnaire

Do you suffer any physical illness or disability? If yes, please provide details.

What physical symptoms do you require assistance with?

If you are a female, are you pregnant or suspect that you are pregnant?

Have you ever been diagnosed with a mental illness by a medical professional? If yes, please provide details.

Are you a Satanic Ritual Abuse Survivor or have you been diagnosed with Dissociative Identity Disorder?

**Do you suspect that you might be a Satanic Ritual Abuse Survivor
or suspect that you might have Dissociative Identity Disorder?**

**Please state if there are any spiritual issues you require assistance
with.**

Signature of Client:

Date:
