



Robert J. Bureker
Etello Enterprises Inc.
202 West Coral Gables Dr.
Phoenix, AZ 85023
(602) 679-9285

NEW CLIENT FORM

| | | |
|--------------------------|------------|----------------|
| Last Name (please print) | First Name | Middle Initial |
|--------------------------|------------|----------------|

Address

| | | |
|---------------|---------------------|-----------|
| Email address | Home and Cell phone | Birthdate |
|---------------|---------------------|-----------|

M/F

| | | |
|-----|----------------|------------|
| Sex | Marital Status | Occupation |
|-----|----------------|------------|

Have you ever been treated for an emotional problem? Yes/No

If Yes, please explain: _____

Have you ever been treated for, or do you suffer from (circle), Diabetes - Epilepsy - Heart Disease - Digestive Problems - Depression - High Blood Pressure - Insomnia - Memory Loss ?

Do you have any allergies? Yes / No

If yes, please explain: _____

What do you wish to accomplish in this / these session(s) ? _____

Any previous efforts to make this change? Yes / No

Results? _____

Do you have any fears or phobias?

I realize that Robert Bureker is an educator, an energist, and unconscious coach, not a medical doctor or psychologist, and that he cannot diagnose disease, prescribe, or treat medical conditions or serious disorders. I understand that the coaching and training I am receiving from Robert Bureker is not a substitute for normal medical care and I have been advised to discuss this procedure with any doctor who is taking care of me now or in the future. Additionally, I should continue any present medical treatment and consult my regular physician for treatment of any new or old illnesses. I am willing to be guided through various methods, including relaxation, visual imagery, creative visualization, hypnosis, Neurolinguistic Programming (NLP), Emotional Freedom Techniques (EFT), Graphoanalysis and stress reduction processes for the purposes of vocational or avocational self-improvement. I also agree that Robert Bureker or myself may terminate this relationship at any time for any reason whatever.

I realize that although Robert Bureker has considerable training and many decades of experience, the training and insights he provides, are not a cure, and I accept that I am paying for his time, expertise, and insights, irrespective of any particular result.

I further agree to the payment of \$300.00 for this online session, which will be approximately 60 to 75 minutes in duration, and agree to pay at the beginning of the session.

Signature: _____

Date: _____

Name I like to be called: _____

Handedness: Right Left Ambidextrous
(Circle one)