

**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 increased awareness of possibilities for families, fellowships, support groups, health care providers, and others to consider facilitated applications of genuine essential oils, light energetics, and the various other modalities 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: \_\_\_\_\_

