

Holistic Healing & Wellness, LLC
Rev. Lezlie Cebulski, N.D., EFT-ADV
199 North Main Street, Suite B-6
Plymouth, MI 48170

Contact Information:

Name: _____

Address: _____
City _____ ZIP _____

Home Phone: _____ Cell: _____

Email: _____

Current Prescriptions: _____

Current Supplements: _____

I hereby acknowledge that consulting sessions with Lezlie Cebulski are for educational purposes to improve health and self care. Medical diagnosis is not made as Lezlie Cebulski is a naturopathic practitioner, not a medical doctor. Discussion of health information is strictly for the purpose of education of care for the body and is not medical treatment.

Signature _____

Date: _____