■■ Violet Flame Subconscious Healing Session – Client Form

I listen. I release. I realign. My body is my teacher.

Client Name: _____ Date: _____

Contact Info: _____ _____

Current Emotional State: _____ _____ _____

Areas of Physical Tension or Sensation: _____ _____ _____

Recent Life Events or Shifts: _____ _____ _____

Intention for This Session: _____ _____ _____

After-Session Reflections (Practitioner or Client): _____ _____ _____

■ What message do you feel your body shared with you during this session? _____ _____ _____

■ I understand that this session is a spiritual and energetic healing experience intended to support awareness, relaxation, and alignment.

Client Signature: _____ Date: _____

■ Violet Flame Subconscious Healing Session – Digital Client Form

I listen. I release. I realign. My body is my teacher.

Client Name: _____ **Date:** _____
Contact Info: _____
Current Emotional State: _____
Areas of Physical Tension or Sensation: _____
Recent Life Events or Shifts: _____
Intention for This Session: _____
After-Session Reflections: _____
Final Reflection: What message do you feel your body shared with you during this session?
_____

■ I understand that this session is a spiritual and energetic healing experience intended to support awareness, relaxation, and alignment.
Facilitated by Liz Overstreet | The Violet Bridge Method