

Bender Healing - Ancient Joy Ministries (AJM) CLIENT REMOTE FORM Version 2011

Bender Healing - Ancient Joy Ministries 1-800-706-1354
P.O. Box 143
Valley Forge, PA 19841-0143

One of Ancient Joy Ministries is spiritual healing through counseling, prayer, remote healings over the phone. Each healer demonstrates a true gift of healing.

Spirituality goes beyond religion, but healing sometimes depends on your religious beliefs... we will try to accommodate your religious preference.

All records are the property of AJM. We maintain client confidentiality similar to that of your minister. We will not share information outside the AJM staff unless you provide written permission or we are required by law to do so. Your health history and treatment-related information may be discussed between you, your spouse and AJM staff for educational purposes. We may also share information with your doctor if he initiates a call to us upon your request. When necessary, we consult other authorities in the field about cases, no specifics are given.

AJM does not make any guarantees or promises regarding the results of healings any relief of physical or emotional symptoms is coincidental to the process. Each client is different and responds individually.

Healings are integrative to allopathic medicine and are not to be used as a substitute. You are responsible for obtaining medical clearance from your respective health care provider(s). If you have a currently diagnosed medical condition that could be a contraindication for any healing work, you will need to provide written documentation to AJM from your respective provider(s).

AJM healings specifically exclude diagnosis, prescription, manipulation or adjustments of the human skeletal structure, or any other service, procedure or therapy which requires a license to practice orthopedics, physical therapy, podiatry, chiropractic, osteopathy, psychotherapy, acupuncture, or any other profession or branch of allopathic medicine.

There is no adequate substitution for a personal consultation with your chosen health care provider. Your safety and well-being are primary concerns. If you are currently under a physician's care, you are encouraged to consult with your provider before booking a session. Kindly make your own health care decisions based upon your research and in partnership with a qualified health care professional.

For those under 19 healings can be done with a legal guardian's consent. You agree you are at least 19 years old. This activity is for your spiritual development purposes only and is subject to your own interpretation. Information you receive does not constitute legal, psychological, medical, business or financial advice. Choices and actions based on the content are your own responsibility.

AJM will not be responsible to any person or entity for any loss or damage caused, or alleged to have been caused, directly or indirectly by or from the information, ideas, or suggestions made by the healer. At no time should the information provided be understood to be directives or commands to make a specific decision.

As a client, it is your responsibility to:

- a. Be on time for sessions;
- b. Give AJM at least 3 days notice to change or cancel an appointment;
- c. Provide accurate information on health status on the forms provided, and keep AJM updated as to changes in health status upon return visits;
- d. Provide AJM feedback both during and after sessions

Payment

Donations are made before the session, unless other plans have been determined. All monies are donations to Ancient Joy Ministries. You may request a receipt, but the minimum donation is set below an in-kind service rate, which means it is fair market value which you would pay for the service is more and therefore it is not tax deductible. Of course, we accept other donations to continue the ministry.

As of 2011 Pennsylvania insurance companies do not accept alternative medicines, please let us know if yours does and we will enroll. Insurances in other states may accept alternative therapies.

For Allergy Elimination

You need to rest for about 30 minutes. Dr. Bender treats you for 5-10 minutes and then you remain exposed to energy signature of the allergen for about 20 minutes. During this time you may have a reaction and feel an energy shift when the reprogramming takes place. Dr. Bender will do a recheck and you will receive contact from the office that it is okay to proceed based on what works best for you and Dr. Bender. You will need to stay clear of the item for 24-36 hours while your mind/body is completing its reprogramming. During your next visit it is verified as reprogrammed and you can then add the item back into your life.

Also note: Scratch tests take about nine months to change results, but the key is the reaction being turned off.

Remote Healing

Your comfort is necessary for healing to take place. You need to be relaxed and in a private area, not driving. You may feel the presence of the therapist in the room.

If you are getting an hour session, You may be faced with issues from the past, let them come up... you may need to express yourself in unusual ways including crying, laughing, twitching, violent convulsions, fist pounding, verbal words that usually wouldn't come from your mouth, etc... let it happen... this is all part of the growth journey- all is acceptable except injuring anyone present. At anytime the session may end at the healer's choice if the client appears to be injuring those present.

After the healing you may be a bit tired as your body adjusts to the changes. Make sure you get enough rest and drink extra water to flush out any toxins from your body. At worse, you may feel flu like symptoms for 3-5 days as the body expels toxins. You may feel 'attached' to the healer for the next couple of days...this is natural.

NAME: _____

Address: _____

Do not mail to address

Email for communication _____ Do not send newsletters

Preferred Phone # _____ D.O.B. ____/____/____ Age ____
 Home Work Cell

Other Phone Number(s): _____

Primary reason for coming Relax Heal Grow Stress Level last month High Medium Low

Signature: _____

Date: _____

By signing you understand and agree to abide by all statements on CLIENT REMOTE FORM Version 2011

Check all that apply - be descriptive when appropriate.

- Heart Condition Descriptions for all items checked and list other conditions
- Blood Pressure _____
 High Low
- Phlebitis _____
- Hemophilia _____
- Diabetes _____
- Cancer _____
- Infectious Diseases _____
- Convulsions _____
- Muscle Joint Pain _____
- Osteoporosis _____
- Arthritis _____
- Headaches _____
- Circulatory Problems _____
- Eliminary Problems _____
- Skin Problems _____
- Digestive Problems List any chronic pain / Reason for session _____
- Respiratory Problems _____
- Allergies _____
- Past Accidents or Injuries _____
- Past Surgeries _____
- Contact Lenses _____
- Dentures or Removable
Bridgework. _____
- Currently pregnant? Referred by _____
Due date _____
- Previous Massage / Bodywork Other Info _____
- Taken medications in the past
six months _____
- Under care of Medical Doctor,
chiropractor, or therapist _____

