

## Quantum Light Waves Case Study Report Form

| Initiate / Practitioner Name: |   |  |
|-------------------------------|---|--|
| Client Full Name              | :   |  |
| Phone #:                      | Email:  |  |
| Quantum Light                 | Waves Session Information   |  |
| Date of Session:              |   |  |
| How did your case             | e study client respond to the Quantum Light Waves session? Comments and observations: |  |
| Length of Session             | n:  |  |
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| Volunteer Case Study Client Information  Full Name: |   |  |
|---|---|--|
|   |   |  |
| Personal Information                                | Release Statement   |  |
| requirements. Disclosure                            | be used by the above named Practitioner as part of the practicum certification of this information is strictly confidential. Your signature grants permission to release Gisèle Brun for said practitioners' Certification purposes only. |  |
| Volunteer Client's Signatu                          | re  |  |