Naturalis Healing – Gift Voucher Booking Form

All information is held in strictest confidence.
At no given point is information disclosed or shared.

- **Name (s) as stated on the Gift Voucher***

Email Address *

Physical Treatment Address: *

Suburb*

Postal Code*

Tel No's

Preferred day(s) and time(s)

Click or tap to enter a date.

Click or tap to enter a date.

For: *1 Person☐ *Female ☐ *Male ☐ *Age 00
***2nd Person☐ *Female ☐ *Male ☐ *Age 00**

***Foot Scrub☐ *Foot Massage☐ *Hand Scrub☐ *Hand Massage ☐**
***Face Massage☐ *Head Massage☐ *Pack of Healing Stones ☐**

Special Requirements / Requests

Current General Health:

Person 1 - Good ☐ Poor ☐

Person 2 - Good ☐ Poor ☐

If your health is poor, please briefly describe your problem(s)

Person 1

Person 2