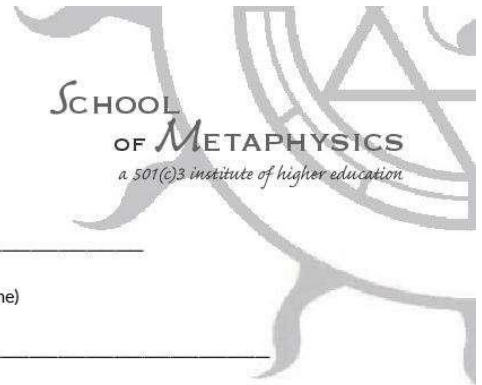


# INTUITIVE HEALTH ANALYSIS

*an Intuitive Report from the School of Metaphysics*



Your Name \_\_\_\_\_

(Male - as appears on birth certificate)  
(Female - First & Middle Name as appears on birth certificate, Last Name most recent Married Name)

Postal Address \_\_\_\_\_

*Street number and name or Route/Box number*

\_\_\_\_\_  
*City / State / Postal Code / Country*

Phone Number \_\_\_\_\_ email \_\_\_\_\_

Demographic Information:

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_

Educational Level \_\_\_\_\_ Occupation \_\_\_\_\_

SOM Study Status: Current Student \_\_\_\_\_ SOMA member \_\_\_\_\_ SIR member \_\_\_\_\_

I am hereby requesting that the School of Metaphysics conduct this research on my behalf as noted by my signature below.

✓ \_\_\_\_\_  
signature/date

Please complete additional information required for this report

*Your Intuitive Report will be scheduled upon receiving your request. You can expect to receive a recording by postal mail at the address you have provided within two to four weeks. The Society for Intuitive Research welcomes you.*

**Reports are conducted on 3rd Saturday of the month.**

If different from above, print complete address where you will be at the time of your analysis

Street Address \_\_\_\_\_

City / State / Country \_\_\_\_\_

If you have a question or specific concern please write this legibly on the reverse side of this sheet.  
(Maximum of five questions)

Requested minimum contribution for this type of Intuitive Report is \$120.00 US.  
Form of Payment (*circle one*):

Check/M.O. (*payable to School of Metaphysics*) Visa Mastercard Discover  
Amount Enclosed: \$ \_\_\_\_\_

Visa/MC Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Mail completed form with indicated payment to the address at left.

**\*International orders please add \$15.00 for return priority mail.**



SOM World Headquarters  
163 Moon Valley Road  
Windyville, MO 65783 USA  
ph. 1.417.345.8411

www.som.org  
www.peacedome.org  
www.dreamschool.org