

# **Healing Methods** LLC<sub>®</sub> **Energy Healing Intake Form**

Name:	Date:	
Address:	City/State:	Zip <b>:</b>
Email:		
Phone: (home)	(cell)	
How did you hear about Heali		
Have you had energy treatmen		
If yes, what method was used	and when:	
What is your goal for today's s		
Do you have any difficulty lyin		
Do you have any additional co session?	mments or questions be	efore we begin your



# Energy Healing Explanation and Consent Form

#### What is Reiki?

Reiki is a Japanese technique for stress reduction and relaxation, used to promote balance throughout the human system. Universal Life Energy is channeled through the practitioner to the recipient to help harmonize body, mind and spirit. The Practitioner uses a combination of hands-on and hands-over the body, to transfer balancing/healing energy into the client.

#### What is Siwa Murti?

Siwa Murti is a powerful healing modality from Bali, Indonesia, in which healing energy, channeled by the Practitioner, is directed into the client, to hyper-accelerate their body's own natural healing abilities. With the use of gentle pressure on specific points on the body, energetic blocks are located and eliminated, enabling the body to achieve balance and release infirmities.

## **Energy Work is NOT a replacement for medical treatment!**

### **Consent:**

The services provided neither diagnose nor prescribe for disease conditions. All clients are encouraged to seek competent medical help when those services are deemed necessary. The client accepts total responsibility for his/her own health care and maintenance. Nothing spoken, typed, or produced by this office is intended or meant to diagnose, prescribe, treat a disease, or take the place of a licensed physician. I understand that the Energy Healing sessions involve a natural method of energy balancing for the purpose of stress reduction, relaxation and relief from infirmities. An energy worker will not interfere with the treatment of a licensed medical professional. I also understand that energy work is not massage therapy. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have. By signing below, I acknowledge and fully agree with the above information.

Signature of Client (and/or Parent or Guardian)	Today's Date