

Healing Methods LLC_® **Energy Healing Intake Form**

Name:	Date:	
Address:	City/State:	Zip :
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 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.

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.

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



Healing Methods LLC_® Siwa Murti Liability Release and Waiver

l	$_{-\!-\!-}$, do hereby state that I am at least 18 years of
received information and understand tha to health and healing that can assist i	e Healing Technique known as Siwa Murti. I have t Siwa Murti is a gentle, energy-based approach my body in its natural ability to heal. I fully s accomplished through the respectful use of s treatment.
	nation and records are treated in a confidential essions are confidential, subject to the usual aws and regulations.
that it is a release of liability. By contra harmless and absolutely indemnify Sus	this "release and waiver" and fully understand acting this service, I agree to completely hold san deCaussin, Michael deCaussin, Healing s for any injury, any/and all liabilities, and any
meant as a substitute for medical or psyc Practitioners do not diagnose conditio prescribe substances, or interfere with th	natural method of energy balancing but is not chological, diagnosis and treatment. Siwa Murtins, nor do they perform medical treatment, e treatment of a licensed medical professional erapy should not compete with medical doctors eant to complement medical treatments.
I hereby give my consent to receive a Methods Practitioner listed below.	Siwa Murti Healing Session from the Healing
Susan deCaussin	☐ Michael deCaussin
Client Signature	Today's Date