**[Business Name]**

**ABN [ABN Number]**

*[Therapies offered]*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Client Information and Consent Form**

Thank you for coming along today for your Energy Healing Session. In order to better serve you, we would like some information about you. In addition, please read and sign our Consent form below.

**Client Details:**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Preferred Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |
| **Occupation:** |  |
| **Emergency contact name and number:** |  |
| **Referred by:** |  |
| **Have you received any complementary therapy treatments before?** | **N/ Y- Details:** |
| **Are you currently under a physicians or specialists care?** | **N/ Y- Details:** |
| **Are you pregnant?** | **N/ Y- If so how many weeks?** |
| **Are you taking any medication or supplements?** | **N/ Y- Details:** |
| **Are you sensitive to fragrance or touch? Allergies?** | **N/ Y- Details:** |
| **Please list any injuries or surgeries?** | **N/ Y- Details:** |
| **Other information you would like us to know?** |  |

**Consent:**

|  |  |
| --- | --- |
| **Please list your goals, concerns, and questions here (before or during your session):** | ***Everybody*** *can* ***re access******joy****, peace and* ***wellbeing*** *which are one’s birthrights.* |
| **I understand that the practitioner is committed to my healing process and will facilitate my healing session in accordance with the IEHA Code of Practice. €****I agree to take full responsibility for their health, prior to, during and following the treatment. €** | ***Everything is energy*** *and this work strives to* ***empower******you*** *with energetic healing concepts for your mind, body and spirit to ensure* ***your wellbeing*** *and to help* ***YOU make better choices*** *in life.* |
| **I understand that the session offered today is not a substitute for medical care and that my therapist is not qualified to carry out a medical examination or provide a diagnosis or medical advice. €****If I am suffering with any mental health conditions, deep depression, extreme life stress or situations, I agree to contact my usual medical practitioner. €****I have notified my therapist of all known medical conditions and injuries. €** | ***Energy work*** *can be powerful and is designed to* ***awaken*** *and activate* ***inner potentials*** *and* ***cleanse and clear*** *that which blocks you from being a clear conduit for healing.*  |
| **If I experience pain or discomfort during the session, I will immediately inform my therapist. €****I agree to inform the therapist of any changes in my health and medical condition. €****I understand that receiving an energy treatment can be a strong process and mentally, emotionally or physically challenging as blockages are released. €** | *This* ***develops*** *enormous growth and greater* ***peace*** *and* ***clarity****, but it can also be challenging and uncomfortable at times – mentally, emotionally and physically.*  |
| **I agree to the therapist referring me to other health practitioners and understand my medical information and treatment notes may be released to them with my consent. €****I agree that my therapist will need to disclose my personal information, if required to bylaw. €****I give consent to work with my practitioner and agree this will be carried out in accordance with IEHA Code of Practice. €** | ***Energetic healing*** *requires your active involvement and* ***commitment*** *to work towards growth.* ***You must be prepared*** *to address inner blocks and* ***take responsibility for all aspects of your life****.*  |

**I confirm that all information is correct and current to the best of my knowledge. €**

**I understand that any information that is provided is for safety purposes and will be kept strictly confidential, unless I provide consent. €**

**I give consent to receive energy support and I am willing to take responsibility in engaging fully in the process. €**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_**