

Lux Eterna Healing Energy Work Consent Form

Name: First: _____ Middle: _____ Last: _____

Birth name if different (F,M,L) _____

Birthdate: ____/____/____ Occupation: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone (Home): _____ (Work): _____

Cell phone: _____ Email: _____

Have you had energy work or any other integrated health treatment before? ____ Yes ____ No

If yes what type _____

Main reason for appointment ____ stress management/relaxation ____ health maintenance ____ post injury
____ spiritual growth ____ other _____

Major medical concerns

____ Heart Condition ____ Hyperthyroidism ____ Asthma ____ Arthritis ____ Chronic Pain/Fatigue

____ other (explain) _____

Allergies (list) _____

I have a regular practice of: __ Yoga __ Tai Chi/Qi Gong __ Meditation __ Journaling __ Spiritual Development

I understand the following:

- Energy work and integrated health practices are used for stress reduction, energy flow and the relief of tension.
- The practitioner does not diagnose illness, disease, or any other physical or mental disorder, prescribe medical treatment or pharmaceuticals.
- This therapy is not a substitute for medical exams and/or diagnosis. It is recommended that I see a physician/health care practitioner for medical ailments. It is important for my practitioner to be aware of existing physical conditions, therefore I have stated all known medical conditions and take it upon myself to keep the practitioner updated regarding my physical and mental health.
- I am requesting this therapy voluntarily. I understand that the practice of energy work is not an exact science and that no guarantees have been made to me as to the result of treatments.
- 24 hours notice is required for cancellation of an appointment
- Late or recurring cancellations or appointments may result in prepayment being required prior to scheduling future appointments.
- I understand that my appointment begins and ends at the scheduled times. If I am late my session will not extend beyond the scheduled time frame. If using a gift certificate the full value will be used according to the scheduled time frame.

I covenant and agree to forever refrain from instituting, prosecuting, maintaining, proceeding on, assisting with or advising to be commenced a suit which arises out of, or may be in part, based upon, related to or connected with energy work or integrated health practices, the released matters herein or any part of them. I acknowledge that this release and waiver of liability shall remain in force until written revocation is received, however, I recognize will result in my being ineligible from further therapy.

I have read this release and waiver of liability, understanding it, voluntarily agree to it, and further understand that I have given up substantial rights by signing it.

Client Signature: _____ Date: _____

Parent or guardian (if minor) _____ Date: _____