



WALKIN HEALING ENERGY INFORMED CONSENT FORM

Walkin Healing Energy
737 Belmont Ave. W.
Kitchener, ON N2M 1P3
519-501-0366

(Please Print)

Today's date:

PATIENT INFORMATION

Client's last name:

First:

Middle:

Birth date:

/ /

Age:

Street address:

Home/Cell phone no.:

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P.O. box:

City:

Province:

Postal Code:

Occupation:

Email:

WALKINHEALING ENERGY TREATMENT INFORMED CONSENT

I, _____ (first and last name) understand that this treatment session provided by this Certified Practitioner is intended to increase communication within the areas of the body, enhance relaxation, and educate me to possible energetic or emotional blocks that may create pain and disease.

Walkin Healing Energy's treatment is non-invasive, safe, and objective. It utilizes the body's own innate intelligence to re-establish communication within itself.

I understand that **Walkin Healing Energy's** treatment is not a substitute for medical treatment or medications. I am aware that the Practitioner does not diagnose illness or disease nor does the Practitioner prescribe medications.

SIGNATURE

Printed Name:

Home/Cell phone no.:

Work phone no.:

Client/Guardian signature

Date