



WALKIN HEALING ENERGY INFORMED CONSENT FORM

(Please Print)

Today's date:

PATIENT INFORMATION

Client's last name:

First:

Middle:

Birth date:

/ /

Age:

Street address:

Home phone no.:

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P.O. box:

City:

Province:

Postal Code:

Occupation:

WALKINHEALING ENERGY TREATMENT INFORMED CONSENT

I, _____ (first and last name) understand that this treatment session provided by this Certified Practitioner is intended to enhance relaxation, increase communication within the areas of the body, and to 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 reestablish 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 phone no.:

Work phone no.:

Client/Guardian signature

Date