

BENEFITS OF ENERGY HEALING THERAPIES & WHAT TO EXPECT:

Energy work promotes healing of the etheric body as well as our physical body, with each having a direct effect on the other. Some of the benefits of energy healing may include:

- Relief of stress and anxiety by balancing the mind, body, and spirit
- Detecting and removing energy blocks which may be the cause of physical, mental, and emotional stresses that exist in any part of the body
- Pain relief
- Balancing the body's chakras for a smooth flow of energy
- Compliments other medical healing therapies and rehabilitation
- Strengthening one's connection to the Divine
- Connection to your Guides or Angels or both

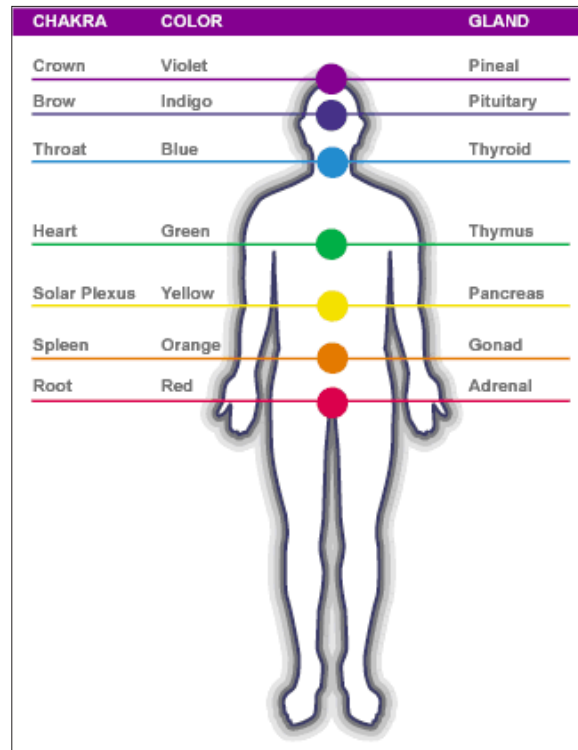
Energy healing is best used as a complimentary treatment. Energy therapists are not able to diagnose or medically treat any illness or condition.

In an energy healing session, clients may remain fully clothed and, if comfortable, will lay on their backs or stomachs on the massage table. Clients are encouraged to simply clear their mind and relax.

Depending on the type of session, the therapist may lay hands or crystals gently on different areas of the body to channel the healing energy, or they may simply hover above or around the body.

Clients may have various experiences, ranging from the feeling of warmth and tingling, feeling like they are floating, becoming light or very heavy.

Clients might see colors or visions, have spontaneous muscle twitches, or be



moved to tears or laugh. Experiences will differ with every client, every time, but the energy is still working as the body heals itself and every body has its own intelligence.

Afterwards, clients are encouraged to take it easy. Drinking lots of water and eating healthy snacks are important. Journaling is also encouraged to keep track of experiences that may occur following a session.

In **long distance sessions**, the effects are very similar. Here are the details for doing an online long distance session with me:

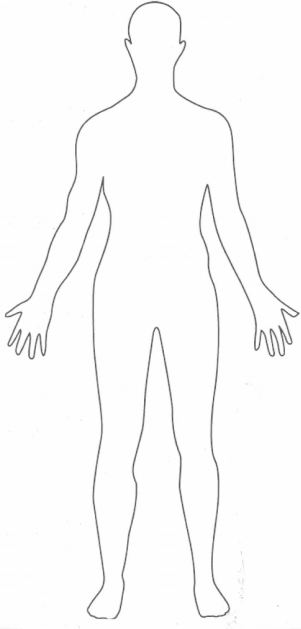
1. Book an hour block where you will be uninterrupted and available for focusing on your body.
2. Look at your personalized crystal grid set up that I send you at the beginning of the session.
3. After the session, I will text you that I have completed with any feedback and ask if you would like to call at that moment or at another time.

Confidential Client Information

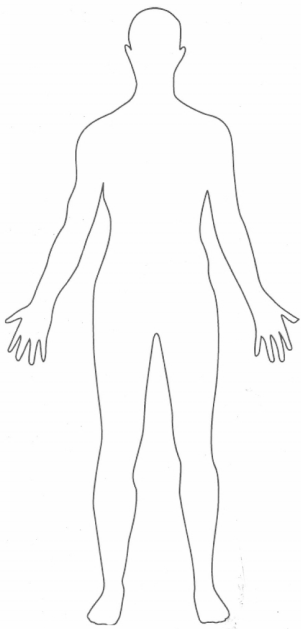
Today's date: _____

Mark on this form where you have things going on with your body:

FRONT of body:



BACK of body:



Name: _____

Date, Location and Time of Birth (if known):

Address: _____

City, State, Zip: _____

Best Phone # to reach you: _____

Email address: _____

Would you like to be on the EML VIP email list? Yes No

Current work/profession: _____

How did you hear about us? _____

Have you ever received an energy healing therapy session?

Yes No How recently? _____

What type of healing work have you received?

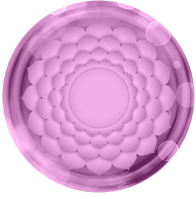
Reiki Polarity Cranial Crystals Massage

Other: _____

Please briefly describe your experiences with energy work?

What is your reason for seeking energy work now?

What, if any, medical conditions are you currently receiving treatment for?



Please list all medications (over-the-counter and prescribed) and supplements that you are currently taking: _____



Please list all allergies and sensitivities, including smells:



Have you ingested any alcohol or mind-altering substances in the last week?

Yes No



Can you comfortably lie on your back for an hour?

Yes No



Are you currently pregnant? Yes No



Do you have a pacemaker or any other implanted devices? Yes No

By providing my signature below, I confirm that the information recorded above is complete, accurate, and honest to the best of my knowledge. I understand that energy healing therapies are not a replacement for medical treatment, and that the therapist may only perform treatments within his or her scope of practice and level of comfort. Anything said during this session shall not be regarded as medical advice, treatment, diagnosis, or prescription. I understand that the therapist may refuse service at any time for any reason, and that clients may be referred to a medical professional if the therapist feels this is necessary. I understand that it is my responsibility to inform the therapist of any changes to my medical health profile and that the therapist will not be held liable for anything resulting from my failure to do so. I agree that I have been given sufficient opportunity to ask questions and make specific requests in order to make my treatment time as comfortable as possible. I have also read and will abide by all policies and client expectations that may be listed separately from this document.

Client Signature: _____ Date: _____

Check here if you are signing as the legal guardian for a child under the age of 18.)

Therapist Signature: _____ Date: _____