LUMINOUS ENERGY CENTER CONSENT FORM

I _____ (print name), understand that the Reiki, Magnified Healing ®, Crystal Healing Sessions or Flower Essence Consultations provided by Luminous Energy Center, LLC involves a natural hands-on method of energy balancing for the purpose of stress reduction and relaxation. I understand that these treatments are not intended as a substitute for conventional medical care.

Please read and initial the following:

___ I understand that Reiki, Magnified Healing ®, Crystal Healing Sessions or Flower Essence Consultations is not a substitute for medical care or medications, nor does it interfere with treatments by licensed medical professionals. **I understand that the Reiki, Magnified Healing ®, Crystal Healing**

or Flower Essence Consultation practitioner does not diagnose illness or disease nor does the practitioner prescribe medications. I understand the Reiki, Magnified Healing ®, Crystal Healing or Flower Essence Consultation practitioner recommends that I see a licensed physician or licensed health care professional for any physical or psychological aliment I may have. Any intuitive impressions shared with the client are strictly the opinion of the practitioner and should not be considered medical advice.

___ I understand that during the Reiki, Magnified Healing ®, Crystal Healing Sessions or Flower Essence Consultations the practitioner may lay hands on me and that I have indicated my preference in the Intake form.

___ I understand that participation in a Reiki, Magnified Healing ®, Crystal Healing Sessions or Flower Essence Consultations is voluntary, and that at all times, I may choose to end my participation. I understand that the safety, well-being and care of myself is ultimately my responsibility. I absolve the Reiki, Magnified Healing ®, Crystal Healing or Flower Essence Consultation practitioner of all liability.

___ Payment is due at time of service. Since time has been especially reserved for me, I understand that a 48-hour cancellation is required to avoid charges for my scheduled session.

___ If I have any questions or concerns, I will address these promptly with the Reiki, Magnified Healing ®, Crystal Healing or Flower Essence Consultation practitioner.

___ I hereby happily authorize the Reiki, Magnified Healing ®, Crystal Healing Sessions or Flower Essence Consultation/Coaching practitioner to provide me with the sessions I have signed up for.

Signature: _____ Date: _____

Guardian's Signature: (if under 18)_____



LUMINOUS ENERGY CENTER CLIENT INFORMATION FORM

Client Name: _____ Date: _____

Phone (home): _____ Cell phone or evening: _____

Address:

_____

Email (optional):

_____

Emergency Contact:

_____

Reason for Session: _____ Relaxation and Stress Reduction _____ Specific Issue:

_____
_____
_____
_____

How did you hear about us?

_____

Have you ever had an Energy Session (Reiki, Crystal Healing, Healing Touch?) __Yes __No

Are you sensitive to touch?

_____

Do you have an electrical implanted device / pacemaker __Yes No __

_____

Observation after Reiki Session / Post Session Notes:

_____
_____
_____
_____
_____
_____
_____