



For The Love Of Healing
Integrative Energy Healing Center

New Client Information Form – 1 of 2 Pages

Date: _____

First Name: _____ Last Name: _____ Age: _____

Home Address:

Phone: _____ Email: _____

Marital Status: _____ Ages of Children: _____ Referred By: _____

Emergency Contact Name: _____ Phone: _____

Treatment Healing Goals:

Symptom(s) and How Long:

Current Medication(s):

Current Wellness Plan:

Other Information:

Scheduling & Fees: Energy sessions are \$140 per 1-hour session, or \$499 for a group of four sessions. In-office or Remote via phone or Internet. Please call, text, or email to schedule an appointment and return these completed forms. Payment is due prior to or at the time services rendered. Sessions may be cancelled 24 hours ahead of time or the full fee may be due.



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Consent Agreement for Treatment – 2 of 2 Pages

I understand the purpose of this treatment is to balance the energy flow within and around the body. This is done through in-office or remote sessions where the practitioner uses the mind and or hands-on techniques.

I understand and agree that these sessions are not involved with the treatment or diagnosis of disease of any kind, nor do they substitute for medical diagnosis and care when such attention is needed. Nothing said nor done by a For The Love Of Healing, LLC staff member/practitioner should be misconstrued to be such. This work is meant to be in harmony with any other healing work I undertake, including traditional medicine.

I understand that it is necessary for the practitioner in an in-person session to touch my body to assist me in establishing improved energy balance. I give the practitioners my permission and consent to do everything reasonable and necessary to assist me in establishing this balance, including but not limited to, touching my body, and working with the energy field surrounding my body. I give the practitioner full privilege and license to work on me in such a way as to restore and establish energy balance.

I understand and agree that any relief of physical or emotional symptoms is coincidental in the organization of the total human being and is not the basic goal of treatment. I understand and agree that any staff member has made no warranties or representations to me, expressed or implied. I release For The Love Of Healing, LLC from all claims or non-disclosure or non-informed consent and agree to be responsible for my own healing.

I acknowledge that certain viruses can be transmitted through person-to-person contact; I am aware of the possible risks involved and give permission to the practitioner to provide services.

Except in case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless any staff of For The Love Of Healing, LLC from and against any and all claims or liability of whatsoever kind or nature arising out of or in connect with my session(s).

Furthermore, I agree to give not less that 24-hour notice of cancellation of any scheduled appointment. If I fail to do so, I agree that full price of the scheduled session may be required. What is written here is our complete and exclusive agreement.

Name: _____

Signature: _____

Date: _____