

Energetic Healing



Client Information Form (rev'03/10)



Name: _____ Birthday (month/day): _____

Mailing Address: _____

City _____ Province: _____ Postal Code: _____

E-mail address: _____

Phone No.: _____ (home) _____ (work)

Hobbies or Activities: _____

How did you hear about Shilo Downie? _____

Have you ever been injured? If so, what and when? _____

Does it cause you physical pain? _____

Have you ever had surgery? If so, what for? _____

Do you have any history of heart disease? _____

Do you or have you ever had cancer? _____

Do you have any digestive problems? Explain. _____

Have you have any of the following: (if yes, explain)

* Sinus Problems Yes No _____

* Allergies Yes No _____

* Depression Yes No _____

* High/Low Blood Pressure Yes No _____

* Headaches/Dizziness Yes No _____

* Blurred Vision Yes No _____

* Numbness- if so, where? Yes No _____

Is there any additional information about your health / history that we should be aware of?

I, the undersigned, understand that the treatment given may involve a "hands-on" method of energy balancing for the purpose of stress reduction and relaxation. During the procedure of a hands-on healing session, positions will vary with hands moving above the body as well as touching the body. Regardless of the type of energy healing I receive, I understand very clearly that a session is not a substitute for medical or psychological diagnosis and treatment. I understand that practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I may have. I further agree to release and hold harmless Shilo Downie and staff for any claims related to the outcome of a session. *(Initial)* _____

I also understand and believe that the body has the ability to heal itself, and to do so, complete relaxation is often beneficial. Long term imbalances in the body may require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance. I understand and believe that self-improvement requires commitment on my part, and that **I must be willing to change in a positive way** if I am to receive the full benefit of a treatment. I acknowledge my commitment to my self-improvement process. I recognize that a treatment program must be followed to be truly effective, just as prescribed medication is only effective if taken as directed. *(Initial)* _____

I understand that those under the age of consent require their parent or guardian to attend all sessions and to sign this form. *(Initial)* _____

I understand that payment of fees for services rendered is an acknowledgment of my satisfaction with the services provided. I understand that my appointment time has been set aside for me and **I agree to give no less than 24 hours cancellation notice** or I will be charged for the time booked. I understand that I am the responsible party and agree to pay for all treatments and fees incurred. Sessions can be paid for by cash, cheque or credit card. Cheques can be made out to Shilo Downie. Credit card payments are processed at the time of booking through PayPal. **There are no refunds on treatments or consultations.** *(Initial)* _____

I hereby declare the above information to be true to the best of my knowledge and I give my full consent to receive a treatment.

Signed _____ Date _____