

Client Consent

I, _____ (print name, understand that the Energy Healing session provided by Tom Lewan, Certified Spiritual Healer, Certified Reiki Master, Certified Elemental Space Clearer, is intended to restore balance, enhance clarity and communication within the body – mind, and support overall wellness.

I understand that the Energy Healing session is not a substitute for medical treatment. I am aware that the Energy Healing Practitioner does not medically diagnose, prescribe medications, or manipulate soft tissue.

I understand that Energy Healing entails light tapping and touching of energy points on the body. The Energy Healing Practitioner will inform me where tapping and/or touching by the Practitioner and/or myself will occur, thus allowing for my ongoing consent.

I understand that information exchanged during any session is educational in nature and that any information imparted is confidential and will not be released without my prior written consent, except where required by law.

I understand that by providing this informed consent I am assuming full responsibility for my Energy Healing session and I hold harmless the Energy Healing Practitioner. I understand that payment is due at the time of service.

I understand time had been especially reserved for me, and I understand that a 24-hour cancellation notice is expected. If I have any questions or concerns, I will address these promptly with the Energy Healing Practitioner. I hereby authorize Tom Lewan to provide me with Energy Healing sessions

(if returning this form by email, you may type your name if this document is returned through a personally identifiable email account).

SIGNATURE

DATE

Emergency Contact Information (Names and Phone Number)