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PLEASE TURN YOUR PHONE OFF NOW

CLIENT IN-TAKE FORM

Full Name: _____ D.O.B _____ CELL No: _____ M / F

Address: _____ Post Code: _____

Email Address: _____ How did you hear about me? _____

I am having (tick & circle) **HOLISTIC CONSULTATION** 120mins or 90mins **REIKI** 30, 45, 60 or 90mins **SHIATSU** 15, 30, 45 or 60

GUIDED MEDITATION 15, 30, 45 or 60 **HOLISTIC PACKAGE:** 10hrs, 8hrs, 6hrs or 4hrs **DISTANT REIKI** 60mins (just sign disclaimer)

I WANT TO KNOW ANY INTUITIVE FEEDBACK THAT COMES THROUGH **I DO NOT WANT ANY INTUITIVE SPIRITUAL FEEDBACK**

Have you ever received energy work before? YES/ NO (if yes) Was it a good experience? _____

Have you arrived with an intention(s) in mind for your healing session? YES / NO :

Today, I want a general healing for my highest good? YES/NO OR Today, I have a specific issue I want to heal YES/NO ?

If Yes, Pls discuss with Charmaine during your consultation (NB: you don't have to disclose anything if you don't want to)

ALLERGIES: (e.g. incense, oils, citrus fruits in drinking water) YES/ NO

If yes, please list. _____

Do you have any problem with lying down or turning whilst on the bed? YES/NO Do you need assistance? YES / NO

How would you prefer to lie on your front? (Pls circle or tick)

1) With pillow, head to the side 2) Without pillow & head to the side 3) Face down through hole

Have you got a Chronic condition, Mental Health Issue?: i.e. Cancer, Schizophrenia, Alcoholism, Disability? _____

Do you have any of the following: Diabetes, Low blood Pressure, Pace Maker or anything notable? - _____

Should your Doctor be informed of you being here? YES/NO Doctors Name: _____ Contact Number: _____

Ladies Only: Are you pregnant YES/ NO If: Y – (would you prefer to be seated upright?) YES/NO Can you lay on your side? YES/NO

Do you give permission for info surrounding your session & outcomes to be used in Charmaine Haig's anonymous case studies, which go to the Energy Healing Association for research and to better the qualification of Reiki teachings. YES/NO

CLIENT'S STATEMENT OF UNDERSTANDING (& for all future reiki, holistic therapy sessions and/or human energetic work practiced by Charmaine Haig)

I, the undersigned, do hereby fully and clearly understand that Energy Medicine modalities are complementary healing, and may be an enhancement to, not a substitute for, conventional medical or psychological diagnosis and treatment.

I understand that energy medicine practitioners do not diagnose physical or mental conditions, prescribe or perform medical treatment, or prescribe substances.

I understand and agree that, as my energy medicine practitioner does not interfere with the treatment of any licensed medical professional, a decision to forego use of or change the dosage of any prescribed medication is *mine alone and not done at the suggestion or inference of the practitioner.*

I agree that no claims of miracles and cures have been made, expressed or implied, and it has been recommended that I see a licensed healthcare professional for any physical or psychological ailments.

I understand that personal information regarding my energetic bodywork sessions will not be shared by my energy medicine practitioner with any third party (including my other healthcare providers) without my expressed permission.

Charmaine sees visions pertaining to your healing in visual metaphors. I understand that she can only best explain it as it comes in any given moment. It's not to be taken literally or acted upon. I have ticked the box above should I not want to have this intuitive feedback.

I understand that Charmaine Haig &/or My Urban Retreat will not be held liable for any damage, theft or personal injury prior, during and after a session on the premises where the reiki session is being held.

I have arrived at my appointment coherent and accept the Reiki Energy Healing today of my own free will.

Print Name: _____ Signature: _____ Date: _____

MANY THANKS for choosing to see Charmaine @MY URBAN RETREAT 😊



FHT



professional standards authority