



# CLIENT IN-TAKE FORM

FULL NAME: \_\_\_\_\_ BIRTHDAY: d/m/y \_\_\_\_\_ CELL No: \_\_\_\_\_ M / F

LOCALITY (i.e suburb, city, country) \_\_\_\_\_ Are you right or left handed? \_\_\_\_\_

Email Address: \_\_\_\_\_ How did you hear about me? \_\_\_\_\_

I am having (tick & circle)  HOLISTIC CONSULTATION 3hrs, 2.5hrs, 2hrs or 1.5hr  REIKI 30, 45, 60 or 75mins

GUIDED MEDITATION 15, 30, 45 or 60  HOLISTIC PACKAGE: 12hrs 10hrs, 8hrs, 6hrs or 4hrs  SHAMANIC EARTH HEALING 45, 60 , 75mins

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 Do you need help with this? YES / NO

Today, I just want a general healing for my highest good & nothing specific YES/NO OR Today, I have a specific issue(s) I want to heal YES/NO?

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

If yes, please list. \_\_\_\_\_

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 Energy Healing Associations for research and to better the understanding of Reiki healings? 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 healer/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 my personal information with regard to energetic bodywork sessions will not be shared by my energy medicine practitioner, or 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 or environment 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



accredited register