

# Energy Healing Treatment Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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Your session may include some or all of the following:

- Chakra Balancing
- Color Therapy
- Core Belief Reprogramming
- DNA Orion Energy Healing
- Reiki
- Sound Therapy

Please be advised that it is possible that you may go through a form of healing crisis and detoxification. You may experience mental confusion, minor aches and pains, nausea, and headache. It is recommended that you follow your session with a sea salt and baking soda bath or other detoxification remedy.

Chronic Health Conditions:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

Areas of your life you would like to improve:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_
- (5) \_\_\_\_\_

It is not the intention of the practitioner to diagnose or prescribe. While studies have shown positive results for various health conditions, these therapies do not replace your traditional health care needs. Please consult your physician or other licensed health care professional regarding any physical or psychological concerns.

*I am aware that the use of alternative therapies may not result in an immediate improvement. This process may require time and patience. My commitment to my health and self-improvement is crucial. Only I have the power to change my life.*

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Signature