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

I understand that Foundations Holistic Center LLC utilizes massage, Reiki (a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation), HeartMath (a science-based technique for emotional regulation for stress and anxiety), Emotion Code (an energetic technique for releasing trapped emotions), Bio-Well (a device that analyzes the energetic body) and makes herbal, diet and movement **suggestions**.

I understand that Foundations Holistic Center **does** **not** diagnose conditions, nor do they prescribe or practice medicine, nor interfere with the treatment of a licensed medical professional.

I understand that any treatments offered by Foundations Holistic Center does not take the place of medical care. It is recommended that I see a licensed physician or licensed healthcare professional for any physical or psychological ailment I may have.

I understand that the treatments offered at Foundations Holistic Center can only complement any medical or psychological care I may be receiving. I acknowledge that Foundations Holistic Center does not claim to heal or cure any illness, disease or ailment.

By signing this form, I acknowledge, understand, and agree to all of the above statements.

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_