

# Intuitive Energy Healing Disclosures & Consent Form

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

Cell: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

Birthday: \_\_\_\_\_ Ever had Reiki before? \_\_\_ Yes. \_\_\_ No.

Ever had Hypnotherapy before? \_\_\_ Yes. \_\_\_ No.

If "YES" when was your last session? \_\_\_\_\_ # of Previous \_\_\_\_\_

Email address: \_\_\_\_\_

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

How did you hear about Intuitive Energy Healing? \_\_\_\_\_

Are you a First Responder? \_\_\_\_\_ Agency: \_\_\_\_\_

Are you currently suicidal? \_\_\_ Yes. \_\_\_ No.

Are you under the influence of Alcohol or Drugs Right Now? \_\_\_ Yes. \_\_\_ No.

Do you have epilepsy or get seizures? \_\_\_ Yes. \_\_\_ No.

Current Medications: \_\_\_\_\_

What do you hope to accomplish today? Check all that apply:

\_\_\_ Relaxation \_\_\_ Stress Reduction \_\_\_ Pain Reduction \_\_\_ Smoking

\_\_\_ More Energy \_\_\_ Emotional/Trauma \_\_\_ Shifting Habits \_\_\_ Detox

\_\_\_ Forgiveness \_\_\_ Loss of a Loved One \_\_\_ Negativity \_\_\_ Panic Attacks

\_\_\_ Spiritual Guidance \_\_\_ Hard Decision \_\_\_ Connect to Guides \_\_\_ Guilt

\_\_\_ Balance Energy \_\_\_ Spiritual Awakening \_\_\_ Guidance \_\_\_ Can't Sleep

\_\_\_ Knowledge \_\_\_ Higher Self Connection \_\_\_ Letting Go \_\_\_ Grief

\_\_\_ Curiosity \_\_\_ In a "funk" \_\_\_ Energy Maintenance \_\_\_ OCD

\_\_\_ Hypnotherapy \_\_\_ Weight Loss \_\_\_ Addiction \_\_\_ Overwhelmed

\_\_\_ Health Issues \_\_\_ Chronic Pain \_\_\_ Acute Pain \_\_\_ Fear or Phobia

\_\_\_ Depression \_\_\_ PTSD \_\_\_ Sexual Abuse \_\_\_ Unwanted Thoughts

\_\_\_ Confidence \_\_\_ Personal Development \_\_\_ LOA \_\_\_\_\_ Other

Do you have allergies to essential oils or fragrances? \_\_\_ Yes. \_\_\_ No. If YES \_\_\_\_\_

Do you have any phobias? \_\_\_ Yes. \_\_\_ No. If YES \_\_\_\_\_

Do you know what CHAKRAS are? \_\_\_ Yes! \_\_\_ A little. \_\_\_ No.

May I place my hands on your body? \_\_\_ Yes. \_\_\_ Please stay in my aura only

### **Waiver of Liability**

I, (the Client), agree to release ALANA BASAMANOWICZ (Hypnotherapist CHT & REIKI Practitioner), of any responsibility or injury occurring from my session(s).

You affirm that Hypnotherapy and or Reiki is appropriate for you and does not conflict with existing medical or psychiatric treatment. Always seek and follow the advice of your physician or other professional medical practitioner before considering alternative treatment.

Hypnosis methods used are designed to facilitate the client's quest for self-improvement and relaxation. Specific additional techniques may include: Body Relaxation, Directed Meditation, Age Regression, and Guided Imagery.

I understand that Reiki is a simple, gentle, hands-on and hands-off energy technique that is used for stress reduction and relaxation. I understand that Reiki practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that Reiki can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

### **Credentials**

- Registered Psychotherapist with the Department of Regulatory Agencies (DORA) Colorado  
*A registered psychotherapist is registered with the State Board of Registered Psychotherapists and is authorized by law to practice psychotherapy in CO but is not licensed or certified, and no degree, training or experience is required from the state.*
- DORA License Info: #NLC.0105525 (1560 Broadway Suite-1350, Denver CO (303) 894-7766)
- 2014 - Certification in Transformational Hypnotherapy from Eastburn Institute of Hypnosis, Westminster CO
- 2018 - Usui Tibetan Reiki Master & Teacher Practitioner, Instructor: Ann Bibey, Fort Collins CO
- National Guild of Hypnotist (NGH)
- International Association of Reiki Professionals (IARP)
- Professional Liability Malpractice Insurance

### **Client Privacy Information and Participation Agreement**

Confidentiality of Information: Clients have a right to expect that information revealed in sessions not be disclosed without extraordinary justification. The conditions that justify the release of information and by law must be reported to the appropriate agencies, are the following: ***In other situations, signed authorization for release of information is required.***

1. Knowledge of child abuse or neglect.
2. Knowledge of senior citizen abuse or neglect.
3. A client poses a serious risk of suicide and is an imminent danger to self.
4. A client poses a threat of imminent danger to another person.
5. A Judge, by issuance of a court order, may obtain information.
6. Report to law enforcement authorities knowledge of a felony that has been, or is being committed.

### **SIGNED AUTHORIZATION OF RELEASE**

Do you give consent for relevant information regarding your care be shared with anyone in your direct care team or any other individual? \_\_\_\_Yes. \_\_\_\_No.

If Yes List Individual's Information Here:

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# **Payment & Signature**

**Payment accepted prior to beginning your session today.**

Credit Card, Cash, Check, or Venmo is graciously accepted

Session Prices and lengths are as stated. Anything we are not able to cover in the allocated time we be sent to you via email. *If you choose to extend your session length, and if time is in our favor, it will be an **extra \$50 per 30 minutes added on.** I appreciate and respect your time, thank you!*

- Fusion Session: \$250 - (3.5-4 Hours)**
- Reiki Session New Client: \$150 - (2 Hours)**
- Reiki Session: \$100 - (1.5 Hours)**
- Distance Reiki Session: \$100 - (1.5 Hours)**
- Full Hypnotherapy Session: \$250 - (3 Hours)**
- Spiritual Coaching: (\$50 1 Hour)**

In the event that you cannot make your appointment please allow 24 hours notice. You will be charged for a full session fee if you do not cancel or reschedule within a full day advance notice.

**X** **Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF** CLIENT is under 18, parent/guardian please sign below:

Signed: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 2019