

HISTORY AND RELEASE

Please Print

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Occupation: _____

E-mail (*will not be shared*): _____

Would you like to receive tips and techniques for healing via email every so often? YES NO

Marital Status: M D S - Partners; name and D.O.B: _____

Children; names and D.O.B: _____

Reason for Visit: _____

HISTORY

Share with me any pertinent information concerning an illness or chronic health problems past or present that you think may help with your treatment with me: _____

Have you ever been hospitalized for a mental/emotional condition? ___ YES ___ NO

Are you currently being treated by a Therapist; who? _____

Have you ever had the following: Reiki, Hypnotherapy, Shamanic healing? ___ YES ___ NO

If yes; what was your experience? _____

How did you hear about me? _____

RELEASE

Client: I understand that my success depends on my own commitment to improving the situation which brings me here. I realize that Tami Rogers, is not prescribing for, or diagnosing any physical or mental ailments, and do not hold her responsible for them. I release her from any liability whatsoever regarding my session. I agree to inform Tami of all physical or mental conditions which might affect her work with me. I understand that our sessions may involve hands on healing (energy medicine). I authorize that this release for apply to all future appointments as well. I agree to pay the full fee for any appointment canceled with less than 24 hour notice, emergency situation excluded.

Date: _____

Signature: _____

From Tami: I agree to use the best of my abilities to help you make the changes you seek and to treat you with care and respect. I agree to give you my undivided attention and professional assistance during our scheduled sessions, and I agree to strict confidentiality. I am professionally committed to using my training and skills to assist you in mobilizing your own resources to achieve the results you seek.

Empowerment Responsibility Form

Here is an invitation and acknowledgement to you:

Tami Rogers stands ready to hold a very sacred, safe, loving and non-judgmental space for me to take a powerful, transformative healing journey.

Tami sees me as a magnificent being filled with radiant light. As a sacred healer, Tami is my guide inward to unlock a wealth of supportive wisdom from within me. This is a process that I am directly involved in.

While supported by Tami's experienced wisdom and guidance as she releases and clears any presenting heavy hoocha energy from my Luminous Energy Field, I will be invited to respectfully honor the whole process, awareness, discoveries, and for their deeper life wisdom. In this, I will be provided the opportunity to claim the gifts and abundance of my highest and most nourishing destiny as I celebrate my re-energized vitality. Only I can do this.

I recognize that Tami does not perform the healing for me, I do. Tami does not perform miracles for me, I do. What Tami does provide is expansive safe space to journey right there with me as a wise sacred witness and guide. I do the healing and experience the miracle of remembering who I am and who I am becoming.

I am a co-creator with Tami. I am ready to say Yes! to my own empowerment and renewed vitality, and lovingly accept this responsibility to myself.

YES! Signature: _____