

## 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: \_\_\_\_\_