Crystal & Seashell Therapy

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

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

Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Reason for Crystal/Seashell therapy session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sensitive to fragrances, sages, incense, resins (circle one)? Yes or No

Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you sensitive to any essential oils (circle one)? Yes or No. If yes, which ones \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you available to receive a light touch from me if the body asks for a ‘laying of hands?’ Yes or No

Any history of seizures (circle one)? Yes or No

History of epilepsy (circle one)? Yes or No

History of migraines/headaches? Yes or No

Do you have a pacemaker or a heart condition? Yes or No

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Have you received any form of Crytal or Seashell therapy in the Past? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What was your experience like? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As a Hibiscus Moon Certified Master Crystal Healer, I would like to welcome you to my practice and provide some information relevant to our relationship and your experience during the energy healing process. Along with all other information you receive from me during your initial intake, please read this information carefully, as both myself as healer and you as client must sign this disclosure before we begin. I will attempt, although not required, to keep a copy of this disclosure and all other paperwork in my records for up to three years.

**Crystal Treatment**

The purpose of crystal and seashell healing session is for mental and spiritual wellbeing. My method of treatment – energy healing – is an alternative or complement to healing arts otherwise licensed by the State. I will use a variety of techniques to facilitate well being and clarity in the moment, while promoting long term self-reliance through practical techniques to help raise consciousness, clear confusion, recognize intent, interpret meaning and quell doubt.

If you ever have any concerns about the nature of your treatment, you are free to discuss them with me at any time. As I am committed to monitoring your progress, I ask that you please bring any new information affecting your treatment as soon as practical. You are entitled to stop treatment at any tie, with or without reason, and I recommend that you inform your medical doctor that you are receiving energy healing treatment. While I will use my best efforts during our sessions, I cannot guarantee any particular outcome as results vary from person to person.

**State and Federal Law**

I am not a licensed physician, nor are energy healing services licensed or controlled in most states. As your healer, I am responsible for knowing any applicable State and/or Federal laws that may apply to me and for disclosing those laws to you. Since it is likely that any laws regarding crystal and seashell healing will change over time, I also encourage you to research and stay informed on current laws and to bring any changes to my attention.

**Requirements to be a Hibiscus Moon Certified Master Crystal Healer**

In addition to my commitment to a profession Code of Ethics, I completed a sequence of classes through the Certification programs and achieved a grade of 100% on the required corresponding assignments. Further, I was required to perform healing sessions reviewed by my instructor and clients for effectiveness and professionalism, and otherwise encouraged to continue hands on training in my practice. I received an Official certificate of Completion to be qualified to use the letters CCH after my name and earned 18 Continuing Education Units with the National Certification Board for Therapeutic Massage & Bodywork. If you have not already done so you may request to see my Certificate at any time or a current list of my other qualifications.

**Healer’s Qualifications**

In addition to my certification, as well as continuing efforts to educate myself on the techniques used in my practice, my other qualifications include: a 3x Reiki Master Teacher; Usui/Tibetan, Sekhem, Heart Illuminating Reiki. Spiritual Life coach & Self Love coach, Sound Harmonic Healing, Light Washing, Body & Emotion Code Practitioner, Life Energy Optimization, Spirit-Intuitive Readings, Resonating Relations, What’s The Weight? Written Energy Inquiry.

**Healer’s Commitments to You**

As a Healer, part of my certification process through the Hibiscus Moon Certification Process included commitment to a Code of Ethics that requires professionalism, safety, and consistency in all healing practices. Thus, in my practice of the Hibiscus Moon Crystal Healing Method, and as a Certified Master Crystal Healer, I have vowed to always:

1. Practice methods as taught during my Certification and use all precautionary measures.
2. Only perform massage, acupuncture, or acupressure if licensed to do so.
3. Preserve client confidentiality, and never share information learned during sessions with others or intake unless required by law.
4. Abstain from giving any medical diagnosis, interfering with the treatment of a licensed health care provider, or suggesting the use or change of use of any prescription, medication, or treatment.
5. Actively work on my own healing and education so as to embody and fully express the essence of Crystal Healing in every face of my life.
6. Be responsible for the energy I bring into the healing space and into any transactions as a student or as a healer, always striving to be positive.
7. Never attempt to awaken Kundalini on others.
8. Be open to the continuing process of enhancing my professional qualifications, training, experience, and skills.
9. Respect and value all energy workers and types of healing modalities, and refrain from making negative statements about others.
10. Encourage my clients to heal themselves and assist them in their personal growth as well as their own crystal practice.
11. Treat my clients and their physical person with the greatest respect, and never engage in any illegal or immoral activity which hurts them, such as unsolicited touching of their private areas, or crude comments, jokes, or references.
12. Abstain from the use of drugs or alcohol during all professional activities.
13. Be truthful in my advertising by openly discussing my training and background, what is offered in a crystal healing session, the fee that is charged, and the amount of time spent in sessions.
14. Educate my clients regarding the merit of crystal healing in conjunction with other medical treatments, and thoroughly explain that it does not guarantee a cure and is not a substitute for medical or psychological treatment, but only a supplement to these treatments.
15. Learn and obey the most local, state, and federal laws applicable to my practice.

**Governing Law/Venue**

This Disclosure is governed by and to be construed in accordance with the laws of the United States and the State of Utah, and any claim, action, or suite that arises out of or relates to performance of healing services shall be brought and conducted solely and exclusively within the State of Utah, venue being proper in whatever county the primary office providing healing services is located.

**Healer Commitment in Providing Services**

The Disclosures made here are accurate to the best of my knowledge and reflect my commitment to your healings as my client. I will at all times endeavor to abide by the Code of Ethics I have adopted for myself. I will work with you in your energy healing to reach the goals you have set for yourself and will not interfere with your own personal beliefs or energy efforts. If at anytime I feel it necessary or advisable, I will discontinue our healing sessions to prevent any harm to you, to myself as healer, or to my healing practice. I have made these disclosures voluntarily and, while I make no representations that the information contained herein will remain accurate during the duration of our healer-client relationship, I will work within the terms and this disclosure as far as I am able.

**Client Acknowledgement and Consent to Receive Services**

I have read and understand the above Disclosure and the energy healing treatment offered and have discussed with my healer the nature of the services to be provided. I consent to and affirm all the terms included in this Disclosure and agree to read all material provided to me regarding my healer’s practice. I understand my healer is not a licensed physician and that energy healing services are not licensed by the state. I understand it is my responsibility to maintain a relationship for myself with a medical doctor. I have consented to use the services offered and agree to be personally responsible for all fees charged in connection with the services provided to me.

By signing my name, I consent to this:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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