

Morning Sun Energy Healing

Client Information Form

We would like to take this opportunity to welcome you to Morning Sun Energy Healing.

Reiki and Energy Healing re-establishes a normal energy flow or ki (life force energy) throughout the body, which in turn can enhance and accelerate the body's innate healing ability. Energy Healing may use a hover over or light touch on and around the body as well as sound therapy (tuning forks, singing bowls, etc).

The treatment and advice provided to you are not being provided in place of, or to the exclusion of, any other treatment or advice that you may now be receiving, or may in the future receive, from a physician, surgeon, or any other licensed health practitioner. It is your responsibility to inform us of any pre-existing medical conditions, injuries or disease of which you are currently aware of. It is your right and responsibility to inform us of your condition during the course of your treatment.

The privacy of your personal information is an important part of providing you with quality treatment. We understand the importance of protecting your personal information and are committed to collecting, using and disclosing your personal information responsibly. Our privacy protocol complies with privacy legislation and standards set out by the Government of Ontario.

I understand that a confidential record will be kept of the Energy Healing services provided to me. Privacy Notice: No information about any client will be discussed or shared with any third party without the written consent of the client or parent/guardian if the client is under 18.

With this knowledge, I (the undersigned) voluntarily consent to Reiki and/or a Biorgonomy Energy Healing-Treatment. I intend this consent form to cover the entire course of treatment. I understand that I am free to withdraw my consent at any time.

Client Name (Please print name):	
Signature of Client or Guardian:	
Treatment: Reiki Biorgonomy	Today's Date:
Reiki Master / Biorgonomist Signature:	

The following information needs to be gathered in order for us to formulate a safe and effective treatment plan for you. Please feel free to ask any questions about the information being requested.

Client's Full Name (please print):	
Address:	
City, State, Zip:	
Date of Birth: MDY	
Phone (home): Cell phone:	
Best time to reach you: (Please circle) Morning Afternoon Evening	
Email:	
Emergency Contact:	
Are you currently under the care of a physician? (Please circle) Yes No	
If yes, physician's name:	
Do wear a pacemaker? (Please circle) Yes No	
Please list any serious past or present illnesses or diseases (e.g. cancer, asthma, reflux, et	c.):
Do you have any difficulty lying on your front, back, or side? (Please Circle) Yes No	
If yes, please explain:	
Do you have a particular area of concern?	
Are you currently receiving any other alternative treatments? (Please Circle) Yes No	
If yes, please specify. (i.e. homeopathy, acupuncture, etc.)	
Have you ever had a Reiki session or energy work before? (Please circle) Yes No	
If yes, when was your last session? Number of previous sessions	

What are your goals in receiving Reiki / Biorgonomy treatments?	
Do you have any concerns you wish to discuss before the session begins? Yes No	
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 to facilitate the level of relaxation needed by the body to heal itself.	
I recognize that just as a prescribed medication is only effective if taken as directed, Reiki session programs must be followed to be truly effective. I acknowledge my commitment to my self-improvement process. I understand that Reiki can complement any medical or psychological care I may be receiving.	
I understand and have read and completed this form truthfully and to the best of my ability. I agree that this constitutes full disclosure and that it supersedes any previous verbal or written disclosures. I consent to the service being undertaken and I hereby indemnify Melissa Schumacher and Morning Sun Energy Healing from any claims whatsoever. I understand that there are no guarantees or refunds as to the results of this service.	
I hereby agree to all the above and grant permission to have this treatment performed on me.	
Signed: Date:	
How did you hear about Morning Sun Energy Healing?	



CONSENT TO TREATMENT AND TOUCH

I do hereby consent, authorize and request
Melissa Schumacher to administer Reiki treatments as requested.
Touch Description: Treatments will involve a gentle placement of hands on or above the
person's fully clothed body. This may include light physical touch or sweeping hand motion
above the body. Placements of hands may be in any and all parts of body depending on the
medical condition of the patient. This may include but are not limited to breast region, groin
region and buttocks*. (Inappropriate touch of any kind by the Reiki Practitioner or the client is a
breach of the Reiki Code of Ethics.)
I agree to hold Melissa Schumacher free and harmless from any claims, suits for damages or
complications which may result from such treatment.
Signed:
Date:
Reiki Master Signature: