

Universal Source Energy

9351 W State Street, Suite 120
Boise, ID 83714
208.573.7477

Client Information and Release Forms

Client Name:		
Address:		
City:	State:	Zip:
Cell:		
Email Address:		
Referred by:		
<p>Are you currently under any attending physicians' medical care? Please circle one YES NO</p> <p>Brief description of what brought you here today:</p> <hr/>		
<p>What are your goals from today's session? _____</p>		
<p>Are you pregnant? _____ Are you sensitive to aromatherapy? _____</p>		
<p>The purpose of energy work is to support your overall well-being and help you feel balanced and relaxed. Open communication between you and your practitioner is important throughout each session to ensure your comfort and understanding. All information shared is treated with complete confidentiality.</p>		
<p>Your practitioner reserves the right to end a session if any inappropriate behavior is observed or attempted, in order to maintain a safe and respectful environment for both client and practitioner.</p>		
<p>By signing below, you acknowledge that you understand the services provided are not a substitute for medical care and should not interfere with or replace treatment from a licensed medical professional. Universal Source Energy practitioners do not diagnose medical conditions or prescribe treatments. You also understand that the body's natural healing process may take time, and in some cases, additional sessions may be helpful to bring the body and mind back into balance.</p>		
<p>By signing this form, you agree to release the practitioner from any liability related to misunderstandings, omissions, or choices you make based on your session experience.</p>		
Signature: _____		Date: _____

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Intention and Disclosure

My Intention:

My intention is to work together for our highest and greatest good. My role is to act as a bridge between the physical world and the spirit world by amplifying and accessing healing energy, information and guidance for the person seeking treatment. By choosing Universal Source Energy, please know that my deepest desire for us is a connected and heart-focused path to wellness.

Your Intention:

Some people choose to be very specific with their intention(s) and request(s) for healing, wellness and relaxation. Our guides and I will follow your lead and choice(s) completely. You have total control, always--you have free will. You have the right to change your mind, stop treatment, pivot or redirect.

Note: Some people may experience a detoxification after a session - this is our body's natural way of rebalancing and regulating.

Disclosure:

As a practitioner, I operate with the understanding that illness and suffering are caused by imbalances and blockages in the energy field. Please know there is a risk that you may become aware of buried fear-based beliefs and unresolved trauma when having a Reiki treatment. Shifting ones limited beliefs and releasing trauma can free the body from the pain of the past to help you move forward.

Please understand that **you** are the ultimate healer. Everything you need is contained within you. The spirit world and the practitioner are your support staff to wellness.

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Consent Form

Catherine Ann Taylor trained and obtained her certification through the Center of Life Conference of Churches and Institute of Study on April 19, 2009

I, the undersigned, acknowledge that Catherine Ann Taylor, Energy Therapist, located at 9351 W. State Street, Suite 130, Boise, ID 83714 is providing a natural health care service defined as Energy Therapy. She is a qualified and certified Reiki Master Practitioner in the Usui Method of Natural Healing, otherwise known as Reiki.

I acknowledge that Catherine Ann Taylor provided me with the above information. I recognize that Catherine Ann Taylor is not licensed to practice medicine, surgery or naturopathic medicine. I will receive a copy of the disclosure and consent form upon request and the original will be kept on file for two (2) years. If the above information changes, I will receive new Intake, Disclosure and Consent forms upon request.

Signature: _____ **Date:** _____

I consent to Reiki Treatment:

Signature: _____ **Date:** _____