



# Blue Bird Energy Healing Consent Form for Energy Medicine Sessions

## Client Information

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Contact Number: \_\_\_\_\_

## Session Information

Type of Session: Energy Medicine  
Date of first session: \_\_\_\_-\_\_\_\_-\_\_\_\_

### Purpose of the Session:

Energy medicine sessions are intended to promote healing and well-being through energy balancing techniques.

## Informed Consent

I understand that:

### Nature of Treatment

I have been informed about the nature, purpose, and potential benefits of energy medicine sessions, including the techniques that may be used.

### Risks and Benefits

While many clients report positive outcomes, I acknowledge that results can vary, and no guarantees of specific results have been made. I have been informed of potential risks associated with the treatment.

**Alternatives:**

I understand that I have the right to ask about alternative treatment options and that I can refuse or withdraw consent for treatment at any time.

**Confidentiality:**

My personal health information will be kept confidential and will not be shared without my consent, except as required by law.

**Client Responsibilities:****I agree to:**

1. Provide accurate and complete information regarding my health history and any current medical conditions.
2. Inform the practitioner of any changes in my health status or medication before each session.
3. Discuss any concerns or questions I may have regarding my treatment.

**Emergency Situations:**

I understand that in case of an emergency or adverse reaction during the session, the practitioner will take appropriate measures and may contact emergency services if necessary.

**Consent:**

I have read and understand the information above. I voluntarily consent to participate in energy medicine sessions with Blue Bird Energy Healing for all treatments provided. I confirm that I have had the opportunity to ask questions, and all my questions have been answered to my satisfaction.

**Booking Confirmation:**

By clicking the "Book Now" button, I accept this consent form electronically, and my consent is as valid as a handwritten signature.

Client Signature: \_\_\_\_\_

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

Practitioner Signature: \_\_\_\_\_

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