**[Business Name]**

**ABN [ABN Number]**

*[Therapies offered]*

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

**Client Information and Consent Form (child under 16)**

Thank you for coming along today for your Energy Healing Session. In order to better serve you, we would like some information about the client. In addition, please read and sign our Consent form below.

**Client Details:**

|  |  |
| --- | --- |
| **Full Name:** |  |
| **Preferred Name:** |  |
| **Date of Birth:** |  |
| **Age at the time of the session:** |  |
| **Attending adult/ relationship:** |  |
| **Address:** |  |
| **Email:** |  |
| **Phone Number:** |  |
| **Occupation:** |  |
| **Referred by:** |  |
| **Has the client received any complementary therapy treatments before?** | **N / Y- Details:** |
| **Are they currently under a physician or specialists care?** | **N / Y- Details:** |
| **Are they taking any medication or supplements?** | **N / Y- Details:** |
| **Are they sensitive to any fragrances or touch? Allergies?** | **N / Y- Details:** |
| **Please list any injuries or surgeries?** | **N / Y- Details:** |
| **Other information you would like us to know.** |  |

**Consent:**

|  |  |
| --- | --- |
| **What would you like to change/ achieve/ ask?** | ***Everybody*** *can* ***re access******joy****, peace and* ***wellbeing*** *which are one’s birthrights.* |
| **Please read, acknowledge and explain to the client:**  **The client and I agree to take full responsibility for their health, prior to, during and following the treatment. €**  **If something hurts or feels uncomfortable during the session, the client agrees to inform the therapist or attending adult immediately. €** | ***Everything is energy*** *and this work strives to* ***empower******you*** *with energetic healing concepts for your mind, body and spirit to ensure* ***your wellbeing****.* |
| **Attending adult to read, acknowledge and sign:**  **I understand that the practitioner is committed to a healing process for the child in my care (client) and will facilitate the healing session following the IEHA Code of Practice. €**    **I have notified the therapist of all known medical conditions and injuries of the client. €**  **I understand that the session offered today is not a substitute for medical care and that my therapist is not qualified to carry out a medical examination or to provide a diagnosis or medical advice. €**  **I am aware that a parent or guardian who fails to provide adequate medical aid for a child under the age of 16 commits a criminal offence.  €**  **If this client is suffering from any mental health conditions such as extreme life stress situations, I agree to contact their usual medical. €**  **I agree to inform the therapist of any changes in the client’s health and medical condition. €** | *This* ***develops*** *enormous growth and greater* ***peace*** *and* ***clarity****, but it can also be challenging at times – and that is why* ***we work as a team****.*  *This****develops****enormous growth and greater****peace****and****clarity.*** *However, it can also be challenging and uncomfortable at times – mentally, emotionally and physically.*  ***Energetic healing****requires your active involvement and****commitment****to work towards growth.* |
| **I agree to the therapist referring me to other health practitioners, and I understand this client’s medical information and treatment notes may be released to them with my consent.  €**  **I agree that the therapist will need to disclose this client’s personal information if required to by law. €**  **I give consent for the client to work with the practitioner and agree this will be carried out in accordance with IEHA Code of Practice. €** | ***You must be prepared****to address inner blocks and* ***take responsibility for all aspects of your life.*** |

**I confirm that all information is correct and current to the best of my knowledge. €**

**I understand that any information that is provided is for safety purposes and will be kept strictly confidential unless I provide consent. €**

**I give consent for the client to receive energy support and I am willing to take responsibility in engaging fully in the process.  €**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_**