

I have been informed of the innovative group of therapeutic approaches at Living Well Dallas. I understand that these therapies recognize the human energy systems and surrounding biofield and are intended to enhance the body-mind relationship.

I have also been informed that clinical experience and scientific studies are confirming that these approaches can assist in addressing psychological conditions including anxiety, phobias and traumatic responses. I am aware that research has also shown these therapies help enhance coherency, relaxation, and the sense of well-being while reducing fear, fatigue and pain sensations. I have been advised that there are currently no known negative side-effects to energy oriented treatments when properly administered by an experienced practitioner.

I further understand that because these methods began being studied in American medical centers during the 1970s and the National Institutes of Health established the Center for Complimentary and Alternative Medicine (CAM) in 1999 they are considered relatively new to healthcare as it has been defined in the United States. As with other forms of treatment, research is ongoing and the full extent of effectiveness, including risks and benefits, continues to expand. I have been advised:

Previous vivid or traumatic memories may fade. This could adversely impact the ability to provide detailed legal testimony regarding a traumatic incident.

Reactions may surface during a treatment that neither the therapist nor I can fully anticipate, including strong emotional or physical sensations or unresolved memories.

Emotional material may continue to surface after a session and indicate or provide additional awareness regarding incidents that may need to be addressed.

My therapist may refer me to practitioners for specific skills to further assist with resolving areas that have been identified.

Touch may be involved in assessment and delivery of therapies for which I can choose to give permission or not.

I will be learning how to perform personal self care and techniques to recognize, work with and strengthen my own energy system.

I have considered the above information before selecting to receive an energy therapy treatment and have obtained whatever additional information or professional advice I considered necessary to make an informed decision. I choose to participate in energy therapy of my own free will and know I have the right to cease using these approaches at any time. I agree to take full responsibility for my self-care, including after care, in the physical, emotional, mental and spiritual dimensions of my life.

New Client Informed Consent for Biofield Therapies | 2012

I knowingly, voluntarily and intelligently assume the risks and agree to release Living Well Dallas Practitioners from and against any and all claims for loss, damage, or injury arising out of or in connection with my treatment. This form shall be governed by the laws of the State of Texas.

My signature on this form acknowledges my choice to consent to the innovative approaches offered by Living Well Dallas Health and Wellness Center and affiliated practitioners.

My consent is free from pressure or influence from any person or group.

Client Signature _____

Date _____

If under 18 years of age:

I am the legal guardian/parent of the client signed above and I have read this form and freely give my consent for these services to be provided to the minor in my care.

Legal Guardian/Parent Signature _____

Date _____

I have provided information and answered questions for the above signed. I acknowledge their informed consent(s) and release(s).

Practitioner Signature (s) _____

Date (s) _____