

CLIENT INFORMATION AND CONSENT FOR TREATMENT

Date:

Dear _____,

I am pleased to meet you and to have the opportunity to work with you. Here is some basic information about the work I do and what to expect.

My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind, and spirit. I offer to serve as a facilitator in your self-initiated process of healing and transformation. I am here as your committed listener, mirror, and partner in the process. In the course of our work together, we will explore areas that influence your state of well-being. We may address your health history, life stressors, belief systems and attitudes, your family and childhood history, diet, exercise, and relationships. Your sharing is always kept confidential. I do, however, discuss clients, without mentioning their names, with my supervisors or colleagues for the purpose of my continuing professional development.

Brennan Healing Science work clears and charges the energy field, removes energetic blocks that lead to dis-ease, and enhances the body's natural healing capability. I may touch your body, I may work with the energy field that surrounds your body, and at other times exploring your beliefs and attitudes will most effectively move blocks in your energy consciousness system. Many of my clients experience increased well-being and improvement in their condition; however, I cannot promise you these things.

As a Brennan Healing Science Practitioner I do not medically diagnose or prescribe treatment. If you have a physical injury or disease condition, I ask that you also be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving. I may also ask that you be in the care of a qualified psychotherapist. My work is intended to be in harmony with any other healing work that you undertake, including traditional medicine and psychotherapy. Please feel free to discuss our work with your physician, psychotherapist or others on your care team.

Self-care is an extremely important part of your healing process. Your healing is your responsibility. I recommend to drink a lot of water, and take time for yourself after a session. I also recommend that you refrain from drinking alcohol for 24 hours following the session.

We may prefer to set up a regular schedule to work but there is never any obligation to continue treatment. My fee is currently \$150 for the first session (90 min.) and \$110 for every following session (60 to 75 min.). I will give you a 30 days' notice of any increase of my fee. If you cancel an appointment, please give me as much notice as possible. I ask for full payment for the session if you cancel within 24 hours from the scheduled time.

In signing the acknowledgement, you agree that I may work with you in the above-described manner. I am most happy to answer any questions regarding my services and I also encourage you to express any concerns you may have.

In partnership for your healing and with warm regards,

Anja Thompson

I have read the above information and freely elect to work with Anja Thompson in the above described manner. I freely give my consent with my signature below.

Printed name _____ Signature _____

Date _____

PARENT/GUARDIAN ACKNOWLEDGEMENT AND CONSENT FOR TREATMENT OF A MINOR

I have read the Client Information Letter of Anja Thompson and am satisfied that I sufficiently understand the nature of the services she provides. I give my permission to Anja Thompson to work with my child, _____ (child's name), in the above described manner.

Signed _____ (parent or legal guardian)

Date _____