

CREATIVE HOLISTIC INTEGRATION (CHI)

ENERGY-BASED HOLISTIC SELF- CARE AND TRANSFORMATION

CLIENT INFORMED CONSENT

I understand that the CHI Self Care Program is an educational approach that includes Subtle Energy modalities as well as Transpersonal, Transformational and Energy Psychology applications for stress reduction, relaxation, energy balancing, harmonization and other processes intended to improve my overall health and well being. I understand that the CHI Facilitator does not diagnose conditions, prescribe substances, perform medical treatment, nor interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I may have.

I understand that the body has the ability to heal itself, and the CHI Facilitator will only share information on how I can activate my innate healing processes through holistic, energetic, transpersonal and transformational applications. These modalities may be applied individually or synergistically. The priority technique for each session will be determined through self-muscle testing and/or a pendulum. I will receive verbal and/or written information about the modality used, and will be asked for my permission to proceed prior to beginning the session. Energy healing may bring to the surface buried emotions and memories as part of the healing process. I take full responsibility for my own healing process, and do not hold the CHI Facilitator responsible for whatever I may experience during and after the session. I have the right to end a session whenever I choose to.

Long standing and/or chronic imbalances may require multiple sessions to allow the whole body-mind-spirit organism to balance, integrate and re-align itself, and I may experience temporary discomfort and/or healing reactions. I understand that an ongoing wellness improvement and maintenance program includes a positive attitude, education and commitment to continued self-care and transformation in order to bring about lasting effects. I take full responsibility to bring about the desired positive changes in my life by carrying out the suggested self-help activities between sessions in order to receive the fullest benefits of these sessions. Client-facilitator confidentiality will be honored. I am willing to provide honest feedback about my experience of the CHI sessions and Holistic Self-Care Program.

Name: _____ Signature _____

Today's Date _____ DOB _____ Marital Status _____ No. of Children _____

Occupation _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____ (H) _____ (M) _____ (W)

E-mail: _____

Emergency contact's name _____

Phone number/s: : _____ (H) _____ (M) _____ (W)

CLIENT INTAKE INFORMATION (CONFIDENTIAL)

1. Health & well being concerns and issues you would like to address at this time:

2. Are you under the care of a medical or psychiatric/psychological professional /at this time? _____

If so, for what? (continue on other if necessary) _____

3. List any prescription / non-prescription medications, herbal / homeopathic/naturopathic/vitamin /mineral supplements you are taking at this time: (continue on other side if necessary)

4. Do you use tobacco products? No Yes: Daily /weekly /occasionally

Do you currently use recreational drugs? No Yes: Daily / weekly /occasionally

Do you currently use alcohol? No Yes: Daily /weekly /occasionally

5. Indicate if you have ever had issues with the following and give details:

___ Brain ___ Nervous System _____

___ Thyroid ___ Endocrine System _____

___ Heart ___ Circulatory System _____

___ Lungs ___ Respiratory System _____

___ Liver / Pancreas / Spleen / Intestines / Kidneys _____

___ Digestive System _____

___ Lymphatic System _____

___ Uterus ___ Ovaries ___ Breasts _____

___ Reproductive System _____

No. of pregnancies _____ No. of live births _____ Describe experience: easy / uneventful / difficult / complications

___ Eyes ___ Nose ___ Ears ___ Mouth ___ Teeth ___ Gums ___ Throat

6. Have you had surgery? No / Yes: Describe & give dates if possible:

7. Major accidents:

8. Traumatic experiences: (Physical and/ or emotional)

9. Any significant illnesses and/or traumatic experiences in your family history that you know of?

10. List energy healing modalities you have experienced as a client:

11. List self-healing modalities you practice: Energy healing _____ Meditation _____ Yoga _____
Tai-chi _____ Chi Gong _____ other: _____

12. Other information or comments that would help the CHI Facilitator serve you better: