Pathbreaker Energy LLC
Courtney Churry LMT, BCTMB
Reiki/Biofield/Energy Work Intake & Release Form

Please print
Name:
Address:
City, State, Zip:
Phone:
Email:
Emergency Contact:

I understand Reiki/Energy/Biofield Work is a simple, gentle, hands-on that is used for stress reduction and relaxation. I understand the practitioner does not diagnose conditions, nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that Reiki/Energy/Biofield work does not take the place of medical care. 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 Reiki/Energy/Biofield work can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Signed _____ Date

Privacy Notice:
No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.