HWG Energy Healing Intake & Consent Form

Please read and fill out the form below, thank you!

Name

DOB | Age | Gender

Address

Phone | Email

Emergency Contact Info:

Emergency Contact | Relation

Phone

Payment Information:

Name on Card | CVV | Expiration

Card Number | Zip Code

Your card will automatically be billed for sessions and cancellation fees if notice is not provided within 24 hours.

What would you most like support with during your energy healing session?

Are you currently at risk for harming yourself or someone else?

◯ Yes ◯ No

Have you received Reiki or energy healing before?

◯ Yes ◯ No

Are there any injuries, medical conditions, areas of pain, sensitivities, pregnancy, mobility concerns, or other information you would like Sofia to be aware of for your comfort and safety?

About Reiki & Energy Healing

- Reiki and energy healing are complementary wellness practices intended to support relaxation, grounding, stress reduction, self-awareness, and an overall sense of well-being. Sessions may include practices such as guided grounding, breath awareness, intention setting, Reiki/energy work performed with light touch or with the practitioner's hands held above the body, and time for brief reflection or integration.
- Experiences vary significantly from person to person. You may experience warmth, coolness, tingling, relaxation, emotional release, increased awareness of bodily sensations, sleepiness, or no noticeable sensation at all. There is no guarantee of a particular response or outcome.

Important Scope of Practice Disclosure

- Energy healing and Reiki are wellness services and are NOT psychotherapy, counseling, medical treatment, psychiatric treatment, massage therapy, or a substitute for care provided by a licensed health professional.
- Sofia is not acting as a licensed physician, psychologist, psychotherapist, clinical professional counselor, marriage and family therapist, or other licensed health-care provider during these services.
- Energy healing sessions do not include:
  - Diagnosis or treatment of mental-health or medical conditions
  - Psychotherapy or clinical counseling
  - Medical advice
  - Medication recommendations
  - Chiropractic manipulation
  - Massage therapy
  - Recommendations to discontinue or change treatment prescribed by another provider
- If concerns arise that would be more appropriately addressed through psychotherapy, medical care, psychiatric care, or another licensed professional, you may be encouraged to seek services from an appropriately licensed provider.
- Participation in energy healing does not establish a therapist-client or medical provider-patient relationship with Sofia.

Potential Benefits and Risks

- Possible benefits may include relaxation, stress reduction, grounding, increased body awareness, feelings of calm, emotional reflection, or an increased sense of personal well-being. These benefits cannot be guaranteed.
- Energy healing is generally considered noninvasive; however, individual experiences vary. Possible temporary reactions may include:
  - Emotional sensitivity or unexpected emotions
  - Fatigue or sleepiness
  - Temporary increase in awareness of physical sensations
  - Lightheadedness or discomfort associated with prolonged relaxation or positioning
  - Feeling emotionally vulnerable or overstimulated
  - Discomfort related to touch, proximity, or discussion of personal experiences
- You are encouraged to communicate any discomfort immediately. The session can be modified, paused, or stopped at any time.
- Energy healing should not delay or replace evaluation or treatment by a licensed medical or mental-health professional when such care is needed.

Touch Consent & Personal Boundaries

- Reiki may be performed either with gentle, non-manipulative touch over clothing or without physical contact, with the practitioner's hands positioned near the body.
- Please indicate your preference:
  □ I consent to gentle Reiki touch where appropriate.
  □ I prefer hands-off Reiki only. Please do not physically touch me.
  □ I consent to touch only in the following areas: _____

- □ Please avoid the following areas:_____

- Sensitive/private areas of the body will not be touched as part of an energy healing session.
- My consent to touch is voluntary and ongoing. I understand that I may change my mind, establish additional boundaries, request hands-off Reiki, pause the session, or withdraw consent at any time without explanation or penalty.
- The practitioner may also choose not to use touch when she determines that hands-off energy work is more appropriate.

Medical & Wellness Disclosure

- Sofia is not licensed, certified, or registered as a health-care provider in the State of Nevada for the purpose of providing these wellness services.
- It is recommended that before beginning any wellness plan, you notify your primary care physician or other licensed health-care providers of your intention to use wellness services, including the nature of the services and any wellness plan being used.
- You are also encouraged to ask your licensed health-care providers about possible interactions, side effects, risks, or conflicts between medications or treatments they have prescribed and any wellness services you intend to receive.
- You should continue all medical and mental-health treatment unless changes are discussed with and directed by your appropriately licensed provider.

Privacy & Communication

- Personal information shared during your energy healing session will be treated respectfully and kept private to the extent reasonably possible. However, energy healing services are separate from psychotherapy, and communications with Sofia should not be assumed to carry the same legal privileges that may apply to communications with a licensed psychotherapist.
- If energy healing is being provided alongside services from another provider at Healing with Grace, information will not automatically be shared with your therapist or other provider unless you authorize such communication or disclosure is otherwise permitted or required by law.
- Please avoid using energy healing sessions as a substitute for emergency mental-health or medical care.

Rates & Payment

The current rates for Sofia's energy healing and wellness services are:

- 60-Minute Reiki / Energy Healing Session: $150
- 30-Minute Introductory Energy Healing Session: $75
- In-Home Energy Clearing: $300

Energy Healing Packages:

- 3 Sessions: $140/session — $420 total
- 6 Sessions: $130/session — $780 total
- 9 Sessions: $125/session — $1,125 total

These services are self-pay wellness services and are separate from psychotherapy, medical care, and other licensed health-care services.
Payment is due according to Healing with Grace's current payment policies. Rates may be updated in the future, and any changes will be communicated prior to services being provided at the new rate.

Cancellation & No-Show Policy

- Appointments must be canceled or rescheduled with at least 24 hours' notice by contacting Sofia or the Healing with Grace front office.
- Appointments canceled with less than 24 hours' notice, as well as missed appointments/no-shows, may be subject to a late cancellation/no-show fee.
- By signing this consent, I acknowledge that I have been informed of the rates and cancellation policy for these services.

Voluntary Participation & Acknowledgment

By signing below, I acknowledge that:

- I have read and understand the information above.
- I understand the nature and purpose of Reiki and energy healing.
- I understand that Sofia's services are wellness services and are not psychotherapy, counseling, medical care, or mental-health treatment.
- I understand that no particular result or benefit has been promised or guaranteed.
- I have had the opportunity to ask questions.
- I voluntarily consent to participate.
- I understand that I may decline any technique, withdraw consent to touch, pause, or end a session at any time.
- I understand that I remain responsible for seeking appropriate licensed medical and/or mental-health care when needed.
- I understand that my signature applies to future energy healing sessions unless I withdraw or modify my consent.

Client Signature: _____

Date: _____

Practitioner Signature: _____

Date: _____