

CONSENT FORM FOR TREATMENT

Please take a moment to read the following and sign where indicated

As a Brennan Healing Science Practitioner, Qi Gong Massage Therapist, Reiki Master, and Ordained Minister, I do not diagnose or prescribe treatment. My approach is Holistic, focusing on you as a complex, dynamic, and unique being. I serve as a facilitator in your personal process of healing by creating safe conditions where you can be assisted in finding, naming, clarifying, and transforming the stresses that underlie dis-ease symptoms. These can be held within your physical, emotional, mental, or spiritual “bodies”, and by releasing their limiting habit patterns, your sense of well being is restored.

We may explore many areas that influence your state of well being, such as your health history, life stressors, your belief systems and attitudes, your family and childhood history, diet, exercise, and relational issues. Your sharing is always kept confidential. I do sometimes discuss clients (without mentioning names) with my professional supervisor, or peers, for the purpose of my continuing professional development.

Massage and healing techniques promote body balance and efficient body function by balancing, clearing, and energizing your muscle tissues and body systems on an intracellular and extra-cellular level, removing blocks that lead to dis-ease, and enhancing your body’s own communication systems and natural healing potential. At times I will touch your body, and at other times I may work within the energy field off your body.

If at any time during the session you are uncomfortable, it is your responsibility to inform me. You will be properly draped at all times, unless you consent or ask not to be, and it is expected that you will come to the session freshly bathed. You have the right to refuse any treatment, or to refuse to have any area of your body worked on.

Self-care is an extremely important part of your healing process, and I may suggest yoga asanas, stretches, exercises, movements, and affirmations that you can use at home. In addition, I am networked with other therapists that may synergistically benefit you. Due to the nature of this work, I recommend that you refrain from using alcohol for 24 hours before and after your session. I am most happy to answer any questions regarding my services, and I also encourage you to express your personal concerns. I hope you enjoy your experience as much as I appreciate the opportunity of sharing my gifts with you.

Blessings, Mark Clymer

I have read and understand the above information provided by Mark Clymer. I further understand that his services are not construed as a medical examination, diagnosis, or a substitute for medical treatment, and that nothing said or done during the course of the session, or sessions, given should be construed as such.

Name _____	Date _____
<i>Signed</i> _____	Phone _____
Address _____	Cell _____
City, ST Zip _____	Email _____