Company Name / Logo

Client Consent Form

Name or ID code	DOB	Male/Female	Date/time: / /	Remote/in-person session	Connect on (Zoom, phone, etc)	Payment method

Address:	
Phone(s):	E-mail:
Emergency contact details	Name: Phone(s) Name: Phone(s)
Occupation	
Present medical/health condition?	
Are you currently attending your Doctor/GP?	
Are you taking any prescribed medication?	Yes No Details
Receiving other complementary sessions	Yes No
Are you pregnant or is there any chance that you could be?	
Allergies, food intolerances, prescribed drugs that you know of?	
Family history of Cancer, Heart, Colon, Kidney, Lung, Blood Disorder/major organ issues?	
Any problems with hearing or balance?	
Depression, anxiety, chronic fatigue?	
Back pain, disc problems, lumbago, sciatica, neck pain?	
Arthritis, osteoid or rheumatoid?	
Skin condition e.g. acne, psoriasis, Dermatitis?	
Energy/Stress levels 1-10 (10 being highest)	
Sleep	
Self-care routine (	

Client consent	☐ I understand and am fully aware that this therapy is not a substitute for medical treatment. ☐ If applicable it has been explained & recommended to me that I continue to take my medication and attend my GP. ☐ It has been explained to me that some touch is involved within each session and I consent to continue with this session (in-person only) ☐ Please tick this box to indicate that you have read the form.
Client Signature, or Parent/Guardian	
Therapist Signature and date.	

Therapist Log

Why are you coming for bio energy session/s	
What outcome would you like?	

Session Dates:

No 1 / / No 2 / / No 3 / / No 4 / /

Session No. 1

Session No. 2

Session No. 3

Session No. 4