

GUEST CONSENT FORM



We appreciate you taking the time to review this information, complete the enclosed form and supply us with the items requested below.

Name: _____	Are you over 18: _____
Phone # (HOME)" _____	(CELL): _____
Preference: <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Full mailing address: _____	
E-mail Address: _____	Referred by: _____
Date of Appointment: _____	Time: _____

CANCELLATION POLICY

If you need to reschedule or cancel your appointment, please notify us at least 24 hours in advance. Registration fees are non-refundable but can be applied to a rescheduled date within one (1) month.

By placing an "x" in the box above and entering your name, you agree to the Cancellation Policy for this session and future sessions. This is required for any and all sessions booked.

INFORMED CONSENT

The United States of America currently has no licensing policy in regard to Sound or Energy Healing, and I, Victoria Grace, am not a licensed Medical Doctor or therapist. I do not deal with drugs, nor do I issue a diagnosis or suggest cures.

My purpose is simply to provide a safe space for my client to experience healing through natural processes. I consider the use of sound, energy, herbs, essential oils, crystals and any other natural healing modality as a way to encourage the body to get back to optimal functioning and everyone reacts to these methods individually. I make no claims for their medicinal actions, nor do I cite scientific evidence. Any information offered is done so on the basis of personal experience and traditional uses.

My clients agree to make their own choices as to what they do with the educational material they have been offered and are solely responsible for their own decisions and actions. It is always my recommendation to seek out the advice of a licensed health care professional whenever they feel it is necessary in regards to their own personal health, especially with serious conditions. **Clients should consult with their physician and get approval to attend healing sessions if they have metal in their bodies, suffered concussions, have a pacemaker, use an insulin pump, and the like. If in doubt, consult your physician before our time together.**

Some issues such as suicidal thoughts or late-stage cancer are beyond the scope of my expertise and I would advise you to seek outside help.

Please initial by each box below.

I understand that:

- Any suggestion made by Victoria Grace will be to assist my body's natural ability to achieve a balanced state to the extent that my body or my highest knowing will allow
- The goal of my session will be identified as part of the initial process and that I will have input as well as give intent and permission for it.
- These sessions are not meant to replace treatment by established medical practices however, they can complement them.
- There are no guarantees as to the results of treatment
- Victoria Grace is not a licensed physician and will neither diagnose nor prescribe for any condition, nor does she make any specific claims regarding results from the sessions that I receive. Nothing in the work of Victoria Grace is considered the practice of medicine.

I agree to:

- Raise any questions or concerns about anything I do not understand.
- Consider any suggestions that the practitioner may raise concerning referrals to other health care practitioners, homework, or my desired focus/introspection.
- Take full responsibility for my own health care.
- Give consent to Victoria Grace to conduct a session to balance my energy system. I acknowledge that this could involve touch and I can request otherwise.

WHAT TO EXPECT

In general, a typical session begins with a short assessment to discuss your concerns, thoughts or questions. During the session you can choose to sit or lay down. While we try to make you as comfortable as possible, if you have specific needs, please bring your own pillow or blanket, etc. We make every effort to assure that our clients feel safe and comfortable.

We may work on your body or above your body, so please let us know if there are any areas that you do not want work done. If you do not wish to be touched please let us know. Our work is intuitive so we feel the energy and work where the energy is stagnant, deficient, stuck or unbalanced. You may feel many different results such as heat or cold, shivers, nausea, headache, relaxation, release, relief, etc. You may also feel nothing at all. Any reactions can happen immediately or even months later. No reaction is positive or negative, it purely is. It may mean something to you right away or it could be a mystery for a while. Both are normal. We find that energy medicine has a cumulative effect, so when you treat yourself to regular sessions, better health and well-being are natural outcomes. At the end, we will check in about anything that came up for you during the session.

I have read the above statements and I understand and agree with them. My purpose to seeking the advice of Victoria Grace is done so for educational purposes only.

I understand that Victoria Grace does not diagnose illness, disease, or mental disorder. Nor does she prescribe medical treatment or pharmaceuticals. It has been made clear that my session is not a substitute for medical examination or diagnosis and that it is recommended that I see a medical doctor for any physical or mental ailment.

I agree that Victoria Grace cannot be held liable for any problems that might arise that I think could be attributed to the energy healing session. I have stated all of my known medical conditions to Victoria Grace and if necessary I will keep her updated on my physical, mental, and emotional health. I acknowledge that Victoria Grace practices for the purpose of providing mental/emotional/physical and spiritual support via multiple techniques. I attest that I understand the nature of the session and freely elect to receive the techniques. I release Victoria Grace from any and all claims of malpractice, non-disclosure, or lack of informed consent.

By placing an "x" in the box above and signing your name and date, you agree to the Informed Consent.