



Access Consciousness® The Bars CONSENT FORM

Name _____

Address _____ City _____ Postal Code _____

Phone number: _____ Email _____

I consent to receive information about Access Bars by email Yes ___ No ___

***** You agree to receive Newsletters, marketing and updates from Wascana Reiki.**

Emergency Contact: _____

Are you currently under the care of a physician? ___ Yes ___ No

If yes, physician name: _____

How did you hear about us? _____

Have you ever had your Bars run? Yes ___ No ___

If yes, when was your last session? _____

Number of previous sessions: ___

Do you have any difficulty lying flat? Yes ___ No ___ If yes, do you need a pillow or to sit up slightly? _____

I understand that Access Consciousness® Bars is a simple, gentle, hands-on energy technique that is used for stress reduction and relaxation. I understand that Access Consciousness Bars Practitioners do 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 the Bars do 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 the Bars 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.

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.