



AromaTouch[®] Technique CONSENT FORM

Name of Client _____

Address _____ City _____ Postal Code _____

Phone number: _____ Email _____

I consent to receive information about AromaTouch 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 an AromaTouch session before? Yes ___ No ___

If yes, when was your last session? _____

Number of previous sessions: ___

Do you have a particular area of concern?

Are you sensitive to perfumes or fragrances? Yes ___ No ___

Are you sensitive to touch? Yes ___ No ___

Are you pregnant? Yes ___ No ___

Are you currently experiencing seizure disorders Yes ___ No ___

Are you currently taking any Medications Yes ___ No ___

Current Medications and dosage:

If you have listed any Medications please fill the Medication Release & Indemnity on the second page.

I understand that **Marie-Eve Sénéchal** is not licensed as a massage therapist/body worker/health care provider and is not licensed to diagnose, treat, prevent, cure or attempt to cure and medical, physical, emotional, mental or psychological disease, disorders or conditions under the scopes of practices defined by Saskatchewan laws.

I understand that I am responsible for my own health, healing, and wellbeing. I also understand I have the ability to heal myself by reconnecting to the Source of all healing. I further understand that my health is my

responsibility. Furthermore, I understand it is my responsibility to be aware of anything that may be hindering my ability to achieve the healing I seek. I understand that natural healing is not a substitute for adequate medical care and I intend to remain under the care of a primary healthcare provider.

I understand that the **AromaTouch is not a massage therapy procedure** but is a technique that stimulates body meridians, energy zones and elicits a profound effect on the body systems and viscera through the rhythmic application of touch and specific aroma to stimulate a state of balance commonly known as homeostasis. In short, the AromaTouch Technique was developed to maximize the health benefits of essential oils.

The AromaTouch Technique has three significant attributes. First is to enhance the utilization and therapeutic result of eight specific essential oils. The AromaTouch Technique offers the right balance between essential oil benefit and biophysical tolerance. Secondly is to address specific conditions of health that are known to be constants in their overall impact on health related issues. These known conditions are identified as “systemic constants.” Addressing these four major health constants through the therapeutic activity of essential oils is helpful in modifying many specific symptoms and core wellness issues. Lastly is to re-establish a state of homeostasis. Homeostasis is defined by many to be a state of wellbeing. Homeostasis is much more than a perception of wellness it is how the body functions collectively. The AromaTouch Technique helps to balance activity between the sympathetic and parasympathetic nervous systems. Homeostasis then is described as our capacity to appropriately react to emotional and physical stressors.

Medication Release & Indemnity

I, _____ acknowledge that I have requested an **AromaTouch session** from Marie-Eve Sénéchal AromaTouch Technique Practitioner, freely and have been advised that this will involve the application of essential oils to various parts of my body.

I note that I am currently taking pharmaceutical and/or natural medicines or supplements and accept that the practitioner has advised me that I take full responsibility for any adverse affects any conflict between my medication and the session may cause.

I accept that I have had the opportunity prior to the session to seek medical advice from a medial professional regarding such conflict between medication and the session and either have already done so or have elected not to of my own free will with knowledge of the possibility of such adverse conflict occurring.

On the strength of the above I have instructed the practitioner to proceed with the session and hereby release and indemnify my practitioner and any and all related parties, organisations or professional groups, from any loss, damage or claims that may arise by reason of the session. This release and indemnity will carry forward indefinitely.

Signed _____ Date _____

I understand the practitioner will keep all information learned about me completely confidential unless I release her in writing or as required by law.

I acknowledge that I have read and understand this form. I agree to allow Marie-Eve Sénéchal to perform for me the AromaTouch Technique.

Signed _____ Date _____