

# PureBioenergy© Therapy

## Client Information Form

Name:

Address:

Birthdate:

Sex at birth:

Email:

Phone:

Please provide information on the condition(s) for which you are seeking healing. We will work with one or two conditions per Therapy Set (4 sessions).

### Statement of Understanding

Though I understand that Bioenergy Therapy, and the use of PureBioenergy© is a highly effective complementary therapy fo promoting health and healing, it is not a replacement for conventional medical treatment.

I fully understand that PureBioenergy© Therapy is a “Laying on of hands” healing method and by participating in it I hereby give my consent to be touched.

I understand that the PureBioenergy© Therapy practitioner does not diagnose illness, disease or any other physical or mental disorder. The PureBioenergy© Therapy practitioner does not prescribe medical treatment or pharmaceuticals, nor do they perform any spinal mainipulation.

It has been made very clear to me that this Bioenergy Therapy is not a substitute for medical examination and/or diagnosis and that it is recommended that I see a physician for any physical ailment I might have.

Because a Purebioenergy© practitioner must be aware of existing physical conditions, I have informed the practitioner about all my known medical conditions and will also inform him/her of any improvements during therapy.

Signature

Date