Center For Energy Healing
Creating a Balance Within

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Violet Flame ENERGY OF THE HEART®
Client Information Form

Name: (Please Print) _____

Phone: (Home) _____ (Cell) _____

Address: _____

City, State, Zip: _____

Email: _____

Emergency Contact: _____

Current Medications (Optional): _____

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

If yes, Physician's Name (Optional): _____

Did someone refer you? If yes, who? _____

Have you had a Violet Flame session before? Yes _____ # _____ No _____

Do you have a particular area of concern? _____

_____

_____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch? _____

I understand that Violet Flame ENERGY OF THE HEART is an energy modality that integrates the ancient healing system of the Violet Flame with my energetic heartlight and that of the practitioner. This integration elevates the possibility of the release of non-supporting energy. Recipients of this healing energy aspire to move forward in their spiritual development.

I understand this practice is generally conducted with a hands-off technique. I give permission for:

_____combination hands-on and hands-off as needed or _____ hands-off treatment.

I understand that Practitioners of this modality 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 Violet Flame Energy of the Heart does 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 Violet Flame Energy of the Heart can complement any medical or psychological care I may be receiving.
I understand that the body has a natural ability to heal itself and I am in complete control of my own healing.
I acknowledge that long term imbalances in the body sometimes require multiple sessions. While I will consider recommendations, I will make the decision as to the need and frequency of future sessions.

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.