



CONSENT FOR TREATMENT

Please fill out and bring to your first appointment.

As Multidimensional Energy Therapists, we do not medically diagnose or prescribe treatment. Our approach is holistic, focusing on you as a complex, dynamic, unique being in body, mind, and spirit. We serve as a facilitator in your process of healing.

We may explore areas that influence your state of well-being, such as your health history, life stressors, your belief systems and attitudes, your family and childhood history, diet, exercise, and how you are in relationship. Your sharing is always kept confidential, with the exception of discussing clients in our professional supervision and peer consultation group, where your identity will remain anonymous. The purpose of supervision is to further our professional development as healers and to serve you in the best manner possible.

The hands-on healing techniques balance, clear, and charge your energy field, remove energetic blocks that lead to disease, and enhance your body's natural healing potential. At times, we will directly touch your body and at other times we may work with your energy field off your body. You will always wear your clothing and will generally lie on a massage table while we work. If at any time during the session you are uncomfortable, it is your responsibility to inform us. Self-care is an extremely important part of your healing process.

Due to the nature of this work, we recommend you refrain from using alcoholic beverages for 24 hours following your session. We are most happy to answer any questions regarding our services, and we encourage you to express any concerns you may have. We hope you enjoy our services as much as we truly enjoy serving.

**Zero Point Healers 7722 Cooper Point
Rd, NW Olympia, WA 98502
tel: 360-866-9297**

I have read and understand the above information provided by Zero Point Healers. I further understand that the services are not to be construed as medical examination, diagnosis, or a substitute for medical treatment, and that nothing said or done during the course of any session should be construed as such.

Client signature _____ **Date** _____

Parent/guardian signature _____ **Date** _____

Healer signature(s) _____ **Date** _____



DISCLOSURE INFORMATION

Approach We believe in the inherent worth and dignity of every human being and value respect, honesty, love, and compassion above all else. Our approach in healing is individualized according to the needs of the people involved.

Beliefs We believe that the mental, emotional, physical, and spiritual aspects of an individual are interconnected and affect each other. Self-awareness, self-acceptance, self-love, and a sense of belonging and connection to family, friends, community, and nature, as well as a sense of higher purpose in life, are all ideals that we honor.

Confidentiality All client information will be kept in strict confidence, as is dictated by law, with the following exceptions: 1) You have signed a written release of information form, 2) a court of law has ordered information released, and 3) suspected or known harm to self or others.

Fees Fees are **\$100** per healing for a Two Hands healing, **\$150** for a Four Hands Healing and **\$200** for a Six Hands healing.

I have read and understand the disclosure information provided by Deborah Russell and Robert Rodgers and agree to comply with the monetary responsibilities that accompany the services provided by Zero Point Healers.

Client (or parent/guardian) signature _____

Date _____

Healer(s) signature _____

Date _____



CONFIDENTIAL CLIENT INTAKE FORM

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Name _____ Date _____

Address _____ City _____ State _____

Email _____ D.O.B. _____ Height _____ Weight _____

Phone: (home) _____ (work) _____ (mobile) _____

Emergency Contact (name & phone) _____

Occupation _____

Relationship Status _____ # Children _____

Pregnancies (current?) _____ # Miscarriages _____ # Abortions _____

Physician (name & phone) _____

Therapist (name & phone) _____

Reason for Making this appointment

Date of Onset _____

Current/Previous Treatment (for above) _____

Current Medications _____

Other Therapies/Supplements _____

Eating Habits/Diet _____

Amount Daily Intake:

Water _____ Caffeine _____ Alcohol/Drugs _____ Cigarette/Tabacco _____ Exercise

Routine _____



CONFIDENTIAL CLIENT INTAKE FORM

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Please mark the following areas of diseases or symptoms as

C for **current**, **P** for **past**, **CH** for **chronic**. (Explain if necessary.)

Depression _____ Epilepsy _____ Bronchitis _____
Eating Disorder _____ Dizziness _____ Emphysema _____
Mood Swings _____ Insomnia _____ Pneumonia _____
Substance Abuse _____ Migraines _____ Tuberculosis _____

Aids/HIV _____ Arthritis _____ Allergies _____
Back pain _____ Diabetes _____ Cancer _____
Carpal Tunnel _____ Chronic Fatigue _____ Gout _____
Fever _____ Skin Disorder _____ Hepatitis _____
Fibromyalgia _____ ENT _____ Hypoglycemia _____
Fungal Infections _____ Earaches _____ Jaundice _____
Herpes _____ Headaches _____ Liver Disorder _____
Lymes Disease _____ Jaw Pain _____ Mononucleosis _____

Digestion

Constipation _____ Diarrhea _____ Gastritis _____
Ulcers _____

Cardiovascular

Angina _____ Heart Attack _____ Heart Failure _____
Hypertension _____

Urinary

Bladder infection _____ Kidney Stones _____

Endocrine

Adrenal _____ Hyperthyroid _____ Pituitary _____ Hypothyroid Stroke _____

Reproductive

Endometriosis _____ Sexually Transmitted Disease _____



Please check ***all*** of the following conditions that describe your birth:

- Unmedicated, natural birth Anesthesia used Forceps applied
 Complications before birth Complications after birth Breech
 C-section Drugs to induce labor Drugs to slow labor
 Premature Incubated after birth Hospitalized after birth

Other _____ (Please describe)

Briefly describe below what you know about your own birth:

Please list any injuries you have had and currently have

Please list any surgeries you had or know you will have:

Please list any traumatic or life threatening events that occurred in your life and when they happened:



Who are the significant people in your life?

What do you like to do for fun and enjoyment? List any hobbies:

What do you hope for and what are your expectations from this healing today and long-term?

Is there anything else you want us to know about?