

First Visit Consent Form

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Consent to Treatment:

I, _____ (client's name), voluntarily consent to receive pendulum healing sessions from Renew, Recover, Revive. I understand that pendulum healing is a complementary and alternative therapy intended to promote balance and well-being.

Understanding of Treatment:

I understand that pendulum healing involves the use of a pendulum to detect and clear energy imbalances in my body. I acknowledge that the practitioner is not a licensed medical professional and that pendulum healing should not replace conventional medical treatments.

I am aware that the results of pendulum healing may vary from person to person and that no specific outcomes can be guaranteed.

Disclosure of Health Information:

I have provided accurate and complete information about my health, including any medical conditions, medications, and treatments I am currently undergoing.

I agree to inform the practitioner of any changes to my health status that may affect my treatment.

Privacy and Confidentiality:

I understand that all information shared during my sessions and on the intake form will be kept confidential and used solely for the purpose of my healing sessions.

I consent to the practitioner maintaining records of my sessions, which will be stored securely and not shared without my explicit consent.

Acknowledgment and Signature:

By signing below, I confirm that I have read and understood the above information. I have had the opportunity to ask questions about the treatment and have received satisfactory answers. I consent to receive pendulum healing sessions under the terms outlined in this form.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____