

## CONSENT FORM

By signing below, I hereby consent that the session(s)/protocol I receive from Rose Boghos and Energy Matters, LLC is only for the purpose of helping me to better understand information that I may or may not be aware of to assist in promoting my physical and mental wellness. Sessions may consist of many modalities that may help with discomforts in my body.

I understand one or more of the following modalities may be used during my appointment:

Reiki  
Cranial Sacral Therapy  
Lymphatic Drainage  
Energetic Healing  
Intuitive Energy Work/Medical Intuitive/Energy Blocks  
Holistic Health Education  
Discussion of Skin Care  
C.O.R.E. Education  
Holistic Coaching Sessions  
Nutritional Consultations

I understand that Rose does not predict the future or diagnose conditions, prescribe substances, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed medical professional or licensed health care professional for any physical or psychological ailment I may have. Clients who are in crisis should remember to do the practical things first, such as see a doctor, therapist, etc., before booking a session.

Long-term imbalances in the body sometimes require multiple sessions to allow the body to reach the level necessary to bring the system back into balance.

I recognize that the session(s)/protocol I am given is my choice to follow or not. I am also in charge of the frequency of my visits.

\_\_\_\_\_  
Name:  
Address: \_\_\_\_\_  
\_\_\_\_\_

Dated: \_\_\_\_\_

I hereby understand the contents of this Consent Form stated above and to consult my MD.



**Remember to always consult your medical doctor.**

Privacy Notice: No information about any client will be disclosed to any third party without written consent of the client and parent or guardian.

The Client understands that all information is for informative purposes as the Client sees fit.