

Name \_\_\_\_\_

## TREATMENT REQUESTS

1. My reason(s) for seeking an Emotional Resolution session today is/are:
2. When did the problem(s) begin? (date)
3. Other personal concerns that impact or are impacted by your issue?
4. Do you have any physical symptoms that concern you?

## Client Consent for Treatment

I understand that the Emotional Resolution (EmRes) techniques used by [COMPANY] are relaxation and stress reduction techniques. I acknowledge that treatments administered are only for the purpose of helping me relax and to relieve stress. I also understand that EmRes includes talking about a recent situation that triggered your emotional-somatic response and you will be verbally guided through the EmRes protocol. There will be no physical contact. You will be fully conscious and can stop the session at any time of your own free will.

I have stated, to the best of my knowledge, my known medical conditions. [COMPANY] Practitioners do not diagnose conditions, nor do they prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional and are not licensed by the state of [STATE NAME]. I further understand that treatments received from [COMPANY] Practitioners are not to be construed as a substitute for medical examination, diagnosis or treatment. 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 [COMPANY] Practitioners are not licensed physicians and that the EmRes sessions are provided are complementary to and separate from medical services licensed by the state. I affirm that I have stated all known medical conditions, mental and/or physical ailments, as well as any current prescription medications above. I agree that, prior to any session, I shall inform my [COMPANY] Practitioner of any changes in these conditions, and that there should be no liability on their part should I fail to do so.

Having read, completed and understood the foregoing, I request an EmRes session today. And during any visit hereafter, I understand that all practitioners of [COMPANY] are providing an EmRes sessions for me at my request and are not responsible for the outcome of the session. I agree to hold all practitioners of [COMPANY] harmless.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_