

# SANCTUS HEALING PROJECT

PO BOX 151511 San Rafael, CA 94901 [www.sanctushealing.org](http://www.sanctushealing.org)

---

## Client Information

Thank you for your interest in Sanctus Healing. We are a collective of energy healers who work together to support your wholeness and healing at all levels, your conscious growth and optimal health. To better assist we would like some information about you and what specifically you want to heal. We also ask for your informed consent to be treated.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Contact Person and Phone # \_\_\_\_\_

Birthday: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about Sanctus Healing? \_\_\_\_\_

Please describe your current medical conditions, mental health issues, medications, recent surgeries, allergies, prosthesis, pacemaker or any other electrical item in or on your body. \_\_\_\_\_

---

How would you describe your overall health? excellent, good, average, poor

What is the health challenge or illness that you would like to improve or heal? (please be specific) \_\_\_\_\_

---

## Client Consent to Treatment

Receiving an energy healing session with Sanctus Healing is not meant to interfere with or replace your current medical, psychiatric care or medications but is an enhancement to those treatments. This energy healing is not a substitute for medical examination or diagnosis. Our approach is integrative and we recommend consulting with your treating physician regarding any changes in your medical care or medications. The Sanctus Healing approach utilizes subtle bioelectric and superconscious energies, is a distance healing process and does not involve any physical touch or components. The principles guiding the Sanctus Healing process are described at <https://www.sanctushealing.org>

In participating in this energy healing I understand the general process which has been described and that any questions I have will be answered upon my request. I also understand that while the course of my session is designed to be helpful, the practitioner(s) can make no guarantees about the outcome of my session. The response to this energy healing for the majority of clients is one of feeling more balanced and relaxed. It can also bring up uncomfortable feelings and reactions such as anxiety, sadness and anger. This response is not uncommon and is usually resolved in the healing process. I understand that all clinical information and records of energy healing treatments will be kept confidential and will not be released without my written consent. I understand that there may be an exception to confidentiality if I am a danger to myself or others. I understand that Sanctus Healing practitioners as part of the treatment team can discuss with each other my confidential information disclosed during the healing process.

I certify that I have read and understand this agreement and have full knowledge of its meaning and effect. I understand that any care or recommendation I receive is not a substitute for a physician's care. I accept that Sanctus Healing may not cure me or eliminate my health problems, however energy healing has shown to be a valuable alternative treatment. I give consent to receive treatment within the Sanctus Healing group.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_