

Beth Lambdin, M.B.A., M.S., L.M.T. (MA52890)
Brennan Healing Science Practitioner
Brennan Integration Practitioner
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CLIENT INFORMATION AND CONSENT

Thank you for coming to see me. This form gives you information about my training and background, reviews what you can expect in a typical session, and obtains your consent for services.

I am a graduate of the four-year training program at The Barbara Brennan School of Healing (BBSH) and earned a diploma in Brennan Healing Science, which allows me to practice as a Brennan Healing Science Practitioner. I have also graduated from the two-year Advanced Studies program at BBSH, and am certified as a Brennan Integration Practitioner. The *Principles of Practice for Brennan Healing Science Practitioners* is the ethics statement of my healing profession and may be reviewed in my office.

The Brennan Healing Science work helps to clear and charge the human energy field to remove energetic blocks that may lead to dis-ease, and to enhance the body's natural healing capability. I will be doing energy work with my hands on or near your body and through the Human Energy Field that surrounds your body. The work is done with you lying fully clothed on the healing table. The first session will last about 1½ hours and generally includes a review of your intake form, personal process work, and hands-on energy work. Subsequent sessions generally last approximately 60-90 minutes.

If at any time during the session you are uncomfortable, please inform me immediately.

Any information you share with me during our session is confidential. I do, however, discuss clients (without mentioning names) with my professional supervisor or professional peers for the purposes of enhancing my work with you and my continuing professional development.

I have also received training in Reiki in the Usui System of Reiki at the Center of Integrative Medicine in Washington, D.C. Additionally, I am licensed to deliver massage and associated bodywork in the state of Florida. I also hold advanced degrees in business and special education.

I do not medically diagnose, prescribe treatment or promise medical cures or recoveries. If you have a physical injury or disease condition, I ask that you be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment or medications you may be receiving.

In signing the acknowledgment below, you agree that I may work with you in the above-described manner. I am happy to answer any questions regarding my services, and encourage you to express any concerns that you may have.

ACKNOWLEDGMENT AND CONSENT

I have read and understand the information provided by Beth Lambdin and freely elect to have her work with me in the above-described manner. I further understand that her services are not to be interpreted as a medical examination, diagnosis, or a substitute for medical treatment, and that nothing said or done during the course of the session should be interpreted as such.

Signed _____ Date _____