



Spiritual Services Wavier

Name _____

Telephone _____

Address _____

City, State, Zip _____

Email _____

Please list all pre-existing medical and psychological conditions.

Current Medications and Dosage

Are you currently under the care of a physician? Yes _____ No _____

How did you hear about me? _____

Have you ever had (Please select your specific service from below)

- Reiki Healing
- Fusion Spiritual Cleansing
- Tarot Card Reading
- Crystal Therapy

If yes, when was your last session? _____

Please list any particular area(s) of concern or specific healing intention(s) (please list at least one)

- I understand that Spiritual Services are techniques used to alleviate energetic stress, imbalances, and deep relaxation.
- I understand that Spiritual Services are not a substitute for medical treatment.
- I acknowledge that I will seek licensed physician or health care professional for any physical or psychological ailments I may have.
- I understand that Spiritual Healing Services can complement any medical or psychological care I may receive.
- I understand that the practitioner is not responsible for my healing experience and will not be held legally responsible for the actions, decisions made by recipient
- I have read the Spiritual Services Wavier and fully understand and accept all Sacred Healing Rose Spiritual Services Terms and Conditions.

Client Signature / Initials _____ Date Signed _____

Privacy Notice: No information about any client will ever be discussed or shared with any third party without written consent.

Kindly fill out the document, save it to your computer and email it to

hello@sacredhealingrose.com