

1. Plan to dress comfortably when visiting the Abundant Healing. We also ask you to refrain from wearing any perfumes or colognes. All metal, including jewelry must be removed for the session. Pacemakers and implanted metal are permissible. We suggest you be prepared to relax during your session. It doesn't matter whether a person sleeps, and it doesn't matter if your eyes are open or closed.
2. Use the time to relax and heal. Long walks and hiking, shopping and strenuous exercise are discouraged after sessions. Your health is the most important thing. It should be your priority in life above everything else. Your health allows you joy, love, productivity and creativity to flourish.
3. Should you plan more than one visit? Everyone is different, thus the number of sessions is dependent on the individual. Please discuss this with the practitioner after your session. Most people need 3-10 visits to see good results. We do have packages available for purchase. After you achieve the level of wellness you wish to achieve maintenance sessions are recommended. Factors that can be controlled by the individual which would aid the healing process are: drinking the required water, eating a good diet and staying away from stimulants such as coffee, tea and nicotine/marijuana, eliminating the use of alcohol or drugs, avoiding emotional, environmental or physical trauma, getting enough rest and the big one...try to avoid STRESS.
4. Please reschedule any blood work, massage, acupuncture, biofeedback, cranial sacral, EMDR, use of the BioMat or any other energy work for 5-7 days after doing a single session. People who perform energy work will be fine doing their work, but do not want to have work done on them.
5. Commit to drinking about 60-90 ounces to a gallon of water a day, depending on the diet, for about 5-7 days after a session.
6. By signing this you are acknowledging Abundant Healing is not your primary care physician.
7. Cancellation Policy requires 24 hours notification or you will be asked to pay the session fee. Thanks for understanding.

Sign:

By signing this form, you the client, are agreeing to all the above.

Print Name: _____ Phone: _____

Abundant Healing

311 Amwell Rd, Suite 6

Hillsborough, NJ

(908)777-1363

Describe any specific medical attention or assistance you will need while visiting our center (you must be able to get into the unit or bring a caregiver to help you).

Will you be bringing a caregiver, nurse or spouse with you?

Please circle the word that best describes your current state of health:

Excellent Good Average Improving Declining Serious Debilitated

What brings you joy?

Please circle the most emotional draining relationship or relationship in your life:

Significant Other Job Children Your Relationship with Yourself State of the World

Is your home environment peaceful or stressful most of the time?

Do you have trouble concentrating, or 'brain fog'? Y N

Do you feel supported? Y N

What drives you, inspires you, gives you a sense of purpose:

Please check the emotions that best reflect how you feel most of the time: Joy Sad Excited
 Optimistic Anger Depressed Passionate Terrified Resentment Hopeless Safe
 Anxious Peaceful Despair Calm Alone Happy Blissful Afraid Frustrated

Do you adhere to any particular diet? _____

How many hours of sleep do you get on average? _____

Do you drink filtered or purified water? Y N

Describe your exercise/activity routine:

Are you sensitive to light / loud noise? Y N

If Yes, please explain _____

Are you in fear regarding your health?

Regaining well being requires a strong personal commitment. How ready are you to make the lifestyle changes, the diet changes and the attitude changes that may be necessary to good health? Ready
Somewhat Not looking to make changes I have read the above information and have filled out the form to the best of my knowledge. I understand that the questions on this form are being asked in order to better access my current circumstances and their relationship to my well-being.

I further understand that I am voluntarily agreeing to have a relaxation therapy session and that no medical claims or promises of healing have been given.

Signature: _____

Date: _____