

Client Informed Consent Agreement for Eden Energy Medicine session

What is energy medicine?

Energy medicine is an approach that involves balancing and restoring your body's natural energies for the purpose of increasing your vitality, strengthening your mental capacities and optimizing your health. The form I use was developed by Donna Eden and is described in her book, Energy Medicine.

Energy medicine is not the practice of medicine. Although Energy Medicine uses the term "medicine", it does not imply that Energy Medicine Practitioners are practicing medicine. Energy Medicine is a term used by many training programs that teach people how to assess and correct for energy imbalances in the body. Energy Medicine is not a substitute for diagnosis and/or treatment of medical or mental health conditions by a licensed health care professional. If you have a disorder that has been diagnosed by a licensed medical or mental health professional, my services should be used only in conjunction with your obtaining that care. I do not diagnose or treat medical or mental health disorders nor am I trained or licensed to do so. Energy Medicine attempts to optimize the body's overall health and vitality, but it is not to be used instead of appropriate care from a licensed professional.

Our work together

Energy medicine techniques bring disturbed energies back to a state of balance and harmony. These corrections will generally consist of various forms of light or deeper touch and of movement of my hands within your body's energy field. If you are uncomfortable with being touched or with any of the procedures being used, please, tell me immediately and I will stop.

While methods I will be using are gentle and considered non-invasive, it is possible that a physical or emotional after-effects may occur after your energies have been stimulated and adjusted. In some instances, deeper pressure is used to move energies that may be blocked or congested in a particular area of the body, and this may cause some pain or temporary discomfort. If any procedure is uncomfortable, please, tell me at once. I will instantly stop if you request me to do so and can often provide a technique to counter the discomfort. Drinking enough water and getting adequate rest after a session is highly recommended.

Certain simple energy exercises will likely be suggested to you to practice on daily basis. This is a very important part of our work together as you can continue receiving benefits of my energy work even after the session is over. When energies have been "stuck" in a certain pattern for a long time, it is important to reinforce the correct pattern daily, usually for the duration of several weeks.

I welcome your questions. Please, ask me about anything that happens in our work together. I am always happy to discuss what I am doing and for what purpose.

Touch. Physical contact, even in a healing relationship, can be a sensitive matter because touch can be easily misinterpreted and feel too intimate, uncomfortable, or sexual in nature. Touching in a sexual manner is unethical within a professional healing relationship and will never be a part of our work together. Many of the methods I will use, however, are likely to involve touch. The theory behind such methods is that touching or holding points can assist me and you in identifying and shifting imbalances in your energies. At such times, you will remain fully clothed, with perhaps the exception of your shoes. I would always explain ahead of time where I would touch, and you can let me know if you are uncomfortable with it or not. I will always honor any requests not to touch.

Complaints. I am committed to work with you following the highest ethics standards. Your visit will never be discussed with anyone unless your permission is given to do so. If you are unhappy with our work together, I hope you will talk about it with me so I can respond to your concerns directly. I will take such concerns seriously and respond to them with care and respect. If you believe that I have been unwilling to listen and respond, or that I have behaved unethically, you can register a complaint about my behavior with the organization that provided my education:

Innersource
777 E Main St.
Ashland, OR, 97520
541-482-1800
ethics@innersource.net
www.innersource.net

Privacy Statement

All the information you provide about your health is kept private unless you request the release of information to a third party in written.

Payment and No Show Policy:

Payment is due at the time of the appointment. Appointments can be re-scheduled at least one day before the scheduled appointment by phone or e-mail. If the appointment is cancelled during the day of the appointment or the person doesn't "show up", \$50 charge will be applied to his/her account.

Liability release statement:

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Dr. Vladimira Dragnea from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

Your signature below indicates that you have read the information in this document, understand it fully, and have discussed any questions and concerns with me.

Print name

Date

Signature

(for minor child, signature of parent or guardian)

About the practitioner: Dr. Vladimira Dragnea has a Ph.D degree in Biochemistry (Orsay, France) and a Master Herbalist certificate from the Global Institute for Alternative Medicine, an accredited school in state of California. She is a Certified Holistic Health Practitioner by an American Association of Drugless Practitioners. She holds a Natural Wellness Certificate and Doctor of Naturopathy for Healthcare Professionals certificate from Clayton College of Natural Health. She is Eden Energy Medicine Certified Practitioner and authorized EM101/102 teacher. She has attended seminars on Meridian Response Technique, nutrition, brain and neurotransmitters, Functional Blood Analysis, complex homeopathy and she is also trained in Korean Hand Energetics.

Questionnaire

Date: _____
Name: _____ Date of birth: _____ Age: _____
Address: _____ City: _____ State/Zip _____
Contact Telephone: _____ E-mail: _____
Occupation: _____
 Fulltime Part time Unemployed Self-employed At home
Employer _____
Sex: F M Height: _____ Weight: _____ 3 years ago _____
Living situation: Alone Partner Spouse Friends Parents Children Pets

Current diagnosis/symptoms:

Family Doctor: _____ Tel: _____
Last physical exam: _____

Medical History: list all surgeries & dates:

Known allergies:

What treatments have you attempted previously (conventional/alternative)?

Currently taking – Medications:

Currently taking - Supplements:

How much water do you typically drink in one day? _____(glasses)

Do you drink - tap water bottled water purified water?

How many hours per week do you work out? _____

What type of exercise do you like? _____

How many hours do you watch TV in a week? _____

Favorite recreational activities: _____

Are you on any special diet? _____

How many hours of sleep do you get each night? _____ Do you wake up rested? _____

Level of stress : 1-10 (10 = highest) _____

Coffee _____ cups/day

Do you smoke? YES NO

Alcohol _____ drinks/ week

Recreational drugs? YES NO