All modalities
in person and distance

Raincoast Elemental
WELLNESS AND CONSULTING INC.

778-389-5152
info@raincoastelemental.com
www.raincoastelemental.com

CLIENT CONSENT for Collection of Personal Information, Services and WAIVER of Liability & HEALTH HISTORY

Name(print)_____Telephone_____

Address_____

Emergency Contact(Name)_____(Mobile)_____

I am considered by law to be an adult. I have reached the age of majority (19 years): Yes ❒ No ❒

I, (signature)_____ on (date)_____
certify that I am presenting myself here and under my true legal name, address, and emergency contact information in order to receive one-on-one session(s) or group Guided Meditation session(s) for myself only, or for a dependant of whom I am the parent, legal guardian or power of attorney.

CONSENT to Collect and Maintain PERSONAL INFORMATION

I, hereby acknowledge and allow Raincoast Elemental Wellness and Consulting Inc. to collect and maintain a file of personal information and information gathered during our session(s) for the sole purpose of evaluating and supporting my health and wellness. This personal information includes but is not limited to a health history and emergency contact number. This information will only be shared with my written authorization.

Signature_____ Date_____

CONSENT for SERVICE

I acknowledge and understand that Raincoast Elemental Wellness and Consulting Inc. provides holistic sessions for the purpose of enhancing relaxation. These sessions are complementary too, and do not replace, the treatment and/or therapy prescribed by a licensed medical professional. Raincoast Elemental Wellness and Consulting Inc. domiciles in Canada and falls under the laws and jurisdiction of Canada.

I acknowledge and understand when the physical body begins to relax, the by-products of stress begin to be released. As we are all unique individuals, this release can be felt in many different ways. During a release, sensations or emotions are often felt. Common sensations can include but are not exclusive to feeling cold or hot, energized or mellow, nauseous, and in some cases nothing at all. Emotions can include but are not exclusive to sadness, anger, frustration, or impatience.

I acknowledge and understand at the end of the session and for the next few days, I need to increase my water intake as water is required to both break down and to flush the by-products of stress.

I acknowledge and understand that:

❒ **Guided Meditation** uses imagery, focused attention and mindfulness to encourage inner harmony and balance. I will be guided with imagery through the spoken word to the backdrop of relaxing music. **Guided Meditation** has **no contraindications**.

- I agree and allow Raincoast Elemental Wellness and Consulting and by extension its practitioner to provide the service of **Guided Meditation.**
- Initial for consent _____

❒ **Reiki** is a non-invasive technique using either no touch (in person and distance) or light touch (in person) on the head, neck, shoulders, arms, hands, torso, back, legs and feet to clear and balance the human energy field. The client remains fully dressed with the exception of shoes. **Reiki** has **no contraindications**.

- I agree to allow Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner to provide the service of Reiki.
- Initial for consent _____
- I agree to the use of light touch. Yes ❒ Initial for consent_____ No ❒

❒ **Therapeutic Touch** is a non-invasive technique where the practitioner centres their own energy and then using either no touch (distance or in person) or light touch (in person) proceed to assess, smooth out, clear, align, balance, and/or energize a client's energy field. The client remains fully dressed with the exception of shoes. **Therapeutic Touch** has **no contraindications**.

- I agree to allow Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner to provide the service of Therapeutic Touch.
- Initial for consent _____
- I agree to the use of light touch. Yes ❒ Initial for consent_____ No ❒

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❒ **Reflexology** is a non-invasive, hands-on technique using gentle to moderate finger pressure to stimulate reflex points on the feet, hands and/or ears. The reflex points correspond to organs, glands and various parts of the body. Techniques include finger walking, thumb walking, sliding, and rotating and pivoting on reflex points. Stimulation of the reflex points on the feet and/or hands is said to help self-regulate the body and encourage the body to move the organ or structure and its associated energy towards balance or better function. The client remains fully dressed with the exception of shoes. Socks are removed for foot Reflexology.

Contraindications for **Reflexology** Include: extreme swelling of extremities, untreated heart conditions, phlebitis, deep vein thrombosis (DVT), untreated blood pressure conditions, and the first trimester of pregnancy.

- I do not have any of the above mentioned contraindications and I agree to allow Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner to provide the service of **Reflexology** on my feet, hands a/o ears. Yes ❒ Initial for Consent_____ No ❒
- I have varicose veins and/or an injury to my feet/hands/ears which may include a strain, sprain, ulcer, rash, infection or severe neuropathy and I am requesting a **modified session**. Yes ❒ Condition_____ Initial _____ N/A ❒

❒**Touch for Health™ and Specialized Kinesiology** uses muscle monitoring to detect stress and imbalances in the body. This energy work is based on physical or distance manipulation of the body. Distance work is through a surrogate which can be the practitioner. Balancing techniques are applied and can include acupressure, meridian tracing, tuning forks, the massage of neurolymphatic points and Reflexology to name a few. Sessions can benefit physical, emotional, mental, and spiritual health and well-being. The client remains fully dressed with the exception of shoes.

- **Touch for Health™** has **no contraindications**.
- I agree to allow Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner to provide the service of **Touch for Health™**.
- Initial for consent _____

- **Specialized Kinesiology** has **contraindications** as **Reflexology** can be used as a balancing technique. Contraindications include: extreme swelling of extremities, untreated heart conditions, phlebitis, deep vein thrombosis (DVT), untreated blood pressure conditions, and the first trimester of pregnancy.
- I do not have any of the above mentioned contraindications and I agree to allow Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner to provide the service of **Specialized Kinesiology**. Yes ❒ Initial for Consent_____ No ❒
- I have varicose veins and/or an injury to my feet/hands which may include a strain, sprain, ulcer, rash, infection or severe neuropathy and I am requesting a **modified reflexology session**. Yes ❒ Condition_____ Initial _____ N/A ❒

By signing below I am stating that I have read, understood and have provided consent to specified services which are to be used as and when required as mutually decided upon during a session.

Signature_____ Date_____

WAIVER of LIABILITY

By signing below I acknowledge, understand and agree:

- Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner do not diagnose, prescribe medications or supplements, and/or provide treatment for specific conditions. The practitioner is not a licensed medical professional.
- the sessions provided by Raincoast Elemental Wellness and Consulting Inc. are intended to promote relaxation and an overall sense of well-being.
- Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner will never ask me to change or stop any allopathic prescription medications.
- to seek medical attention if told to do so by Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner.
- it is my responsibility to notify Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner of all known contraindications that may preclude the use of reflexology or any other indications such as an injury which may require a modified session. I acknowledge and understand that there shall be no liability on the part of Raincoast Elemental Wellness and Consulting Inc. and/or its practitioner should I forget to do so.
- it is my responsibility to notify Raincoast Elemental Wellness and Consulting Inc. and by extension its practitioner of any changes to my health including by not exclusive to changes to medications and/or supplements as well as new diagnoses, treatments and/or hospitalizations and/or traumas. I acknowledge and understand there shall be no liability on the part of Raincoast Elemental Wellness and Consulting Inc. and/or its practitioner should I forget or neglect to do so.

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- If I experience any unwanted pain or discomfort which could be mental, physical or emotional during the session, I will immediately inform the Raincoast Elemental Wellness and Consulting Inc. practitioner and the session will be stopped. Once stopped I will decide on my level of comfort with a modified session or whether the session should be terminated. I am responsible for my own well-being and will not hold Raincoast Elemental Wellness and Consulting and/or its practitioner responsible for any pain or discomfort during or after the session.
- there are no guarantees as to the results from a single session or multiple sessions.
- Raincoast Elemental Wellness and Consulting Inc. reserves the right to refuse to provide a session or discontinue a session for any reason at any time. Under these circumstances no fee shall be charged.
- if I am late, the overall session length will be shorted as the appointment time is considered to be the start time of the session.
- sessions will be paid at the time of service.
- I may discontinue a session or sessions at any time.
- if a session has been physically started and I discontinue the session within the first 1/3 of the designated session length, one half of the service fee for the scheduled service will be charged. If I discontinue a session after the completion of the first 1/3 of the designated session length, the full fee will be charged.
- any pre-paid sessions which cannot be honoured by Raincoast Elemental Wellness and Consulting Inc. or its practitioner will be reimbursed at the rate they were purchased . Any pre-paid sessions which I cannot utilize will be reimbursed at rate they were purchased.

By signing below, I also hereby waive and release Raincoast Elemental Wellness and Consulting Inc. and/or its practitioner from any and all liability, past, present and future relating to any sessions received.

Signature_____ Date_____

HEALTH HISTORY

Name of client (please print):_____

Occupation_____Age_____

How are you feeling right now?:_____

Reason for the session:_____

Blood pressure: normal ❒ high ❒ low ❒ irregular ❒ Also choose: treated ❒ untreated ❒

Disease, Injury, Trauma: _____

_____

Medications, Supplements:_____

_____

Allergy to Medications: _____

Physical Activity: Hours per week_____ Water Consumption: Glasses per day_____

Anything else you would like to add that you feel may be relevant:_____

_____

I, the undersigned, have been both truthful and thorough in my responses and I am responsible for providing updates to the information at the beginning of each session. Raincoast Elemental Wellness and Consulting Inc. and/or its practitioner shall not be held liable should I forget or neglect to provide pertinent information regarding my health.

Signature_____ Date_____

Following the Session

I would like to receive a follow up email Yes ❒ No ❒ ;
I would like to receive a Monthly Newsletter Yes ❒ No ❒ (Should I choose Yes, I can unsubscribe at anytime)

Email_____