

Laurie Thorp

Hands of Light Energy Healing

Please read and sign below:

Welcome! The purpose of this form is to tell you what I do and what you can expect from our sessions together. Ultimately, I believe that each of us is his or her own healer; that healing comes primarily from within. I hold a deep healing space for your healing journey and assist in your healing by the use of energy work, through the Human Energy Field, which surrounds and inter-penetrates the body, done with my hands, both on and off the body. It is my experience that Brennan Healing Science work clears, charges and balances your energy field; enhances your body's natural healing capability and your feeling of well-being; and removes energetic blocks that lead to dis-ease. Most of my clients experience increased well-being and improvement in their conditions; some have experienced a complete turnaround in their life. Every person is unique and is on their unique healing path; therefore I cannot always promise you these results. I am not aware of any risks or negative side effects associated with these treatments.

My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind and spirit. I offer to serve as a facilitator in your self-initiated process of healing and transformation. I am here as your committed listener and partner in the process. In the course of our work together, we will explore areas that influence your state of well-being. We may address your health history, life stressors, belief systems and attitudes, your family and childhood history, diet, exercise, dreams, longings and your experiences in relationships. This helps me understand you at a deeper level so that I can support you in the best way possible. I will be able to tell you where your energy is blocked in your body and help you to release these blocks. I may suggest ideas for further self-healing which you may implement if you choose.

What you share with me is always kept confidential. I do, however, discuss clients, without mentioning their names, with my professional supervisors or professional peers for the purpose of my continuing professional development and so that clients may receive the best assistance available.

Our session begins with a short conversation during which we discuss the issues or illnesses that have brought you to me for the healing session. This is a chance for me to hear, in your own words, how you characterize your current life situation. At this time I am also tuning into and observing your energy field. I will be able to tell you where your energy is blocked in your body and help you to release these blocks. This helps me understand you at a deeper level so that I can support you in the best way possible. We then move to the healing table to begin the energy healing work. As you lie,

fully clothed, on the massage table, I perceive, balance and clear your energetic system. You are encouraged to relax, as this helps your system accept and integrate this subtle energy work. At the end of the session, we may talk briefly about your experience. I may suggest ideas for further self-healing which you may implement if you choose.

Self-care is an extremely important part of your healing process. At all times your healing is your responsibility. If at any time during the session you are uncomfortable, please let me know immediately.

I am not a licensed physician and I do not medically diagnose or prescribe treatment. Nor am I a licensed psychotherapist. If you have a physical injury or disease condition, I ask that you also be in the care of a licensed medical professional. I do not advise you to discontinue any medical treatment you may be receiving. My work is intended to be in harmony with any other healing work that you undertake, including traditional medicine and psychotherapy. I encourage you to discuss our work with your physician, psychotherapist or others on your care team.

Scheduling and Fees

You may prefer to set up a regular schedule for this work but there is never an obligation to continue treatment. If you need to reschedule an appointment I would appreciate as much notice as possible. I require a minimum of 24 hours notice or you will be charged for the session.

The initial healing session is 1-1/2 hours and the fee is \$200.00.

Subsequent sessions are 60 minutes and the fee is \$140.00. If you feel that you need a longer session than an hour, you can choose to schedule more time in fifteen-minute increments. The fee for each additional fifteen-minute segment will be \$30.00.

The session includes discussion to uncover what work is needed that day; the healing work, which can include table work, process work, resting, integration; closure and setting up your next appointment.

To schedule an appointment, please call Becca, our office manager, at 919-932-6262 ext. 210.

You are free to contact me with any questions that may arise and I will do my best to get back to you within 24 hours.

If you need to speak with me, please call 919-932-6262 ext. 220.

You may also email me at lthorp108@gmail.com

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Acknowledgement and Consent to Receive Services:

In signing this Acknowledgement and Release, you agree that I may work with you in the manner described above.

I, _____, have listed all my known medical conditions and physical limitations and I will inform Laurie of any changes in my physical health. I understand that Laurie does not diagnose any medical, physical or mental disorder nor prescribe medications. I accept my responsibility in consulting a qualified physician for any physical disease that I may have.

I agree that all services rendered to me are charged directly to me; and that I am responsible for payment unless prior arrangements have been made. I agree to pay for all scheduled appointments that I am unable to keep unless I notify Laurie at least 24 hours in advance.

I hereby acknowledge that I have read the foregoing Consent for treatment. I am satisfied that I understand the nature of the treatments and freely choose to receive these treatments. I release Laurie Thorp from any claims of malpractice, non-disclosure, or lack of informed consent. I also assume any risks of the treatment whether presently contemplated or hereinafter discovered.

Signature

Date

CLIENT INTAKE FORM

Name _____ Date of Birth _____
Address _____
City, State, Zip _____
Phone (Hm) _____ Wk _____ Cell _____
Email _____
Occupation _____ Employer _____
Relationship Status _____ Children/ages? _____
Referred By _____
Reason for Today's Visit _____

What are your goals/ expectations from this healing today? Long range?

What do you see as recurring issues (physical, emotional) in your life?

Have you had experience with complementary/ alternative therapies? If so,
What are they? _____

Physician (name, phone) _____

1. Antibiotics/ Medications Currently Taken _____

Non-Prescription Drugs/Supplements Currently Taken _____

Alcohol Intake? _____ Tobacco/ Cigarettes? _____

General Type of Diet _____

Do you exercise? What type? _____

Accidents/ Injuries _____

Surgeries/Hospitalizations _____

Emergency Contact

Name: _____

Phone: _____ Relationship to you: _____

Do you have or have you had: (Please mark "C" to indicate current symptoms or "P" for symptoms you have had in the past.)

Constipation Back Pain Fungal Infections Rheumatic Fever AIDS
 Diarrhea Hypertension Bronchitis Fever Hypoglycemia
 Depression Emphysema Malaria Cancer Heart Disease
 Indigestion Mood Swings Pleurisy Mononucleosis Stroke
 Gastritis Insomnia Pneumonia Tuberculosis
 Pancreas Problems Epilepsy Fatigue Chicken Pox
 Rheumatism Liver Problems Dizziness Ulcers Measles
 Arthritis Kidney Problems Migraines Allergies German Measles
 Diabetes Syphilis Headaches Eczema Mumps Herpes Simplex 1
 Earaches Psoriasis Whooping Cough Herpes Simplex II
 Jaw Pain Jaundice Gonorrhea Female Organ Problems

Is there anything else you would like to share?