

# Mooncycle Wellness

*Lysa Grant, Healing Practitioner*

## Client Consent for Energy Work Session

I, \_\_\_\_\_, understand that the energy work Lysa offers, which includes Reiki, chakra balancing, crystal healing, and intuitive energy work, is a gentle, non-invasive, holistic approach to overall wellness and well-being. I fully acknowledge and understand that this is accomplished through the use of contact and/or non-contact touch, along with the use of crystals and gemstones.

I understand that energy work is an alternative therapy not intended to replace any currently prescribed medical treatments as ordered by my health provider(s) nor any other medical care I have been advised to seek by them.

I understand that Lysa Grant, a Reiki Master and Certified Crystal Healer, will share about chakras and assist me in determining what chakra(s) may be unbalanced. She will share ideas with me on how I can help myself maintain a healthy chakra system to aide me in overall well-being; physical, emotional and spiritual. I am not obligated to follow any of Lysa's suggestions and I take full responsibility if I choose to do so.

I understand that Lysa is not licensed to practice medicine in the State of Washington and she will not offer me any medical advice. I will be encouraged to consult a licensed medical practitioner for any physical or emotional concerns I may have.

I understand that I will be fully clothed during this session, and any sessions I may have in the future. I give Lysa permission to lay hands on me and I understand that at any time during a session I may ask Lysa to change a hand position if I feel uncomfortable. I also understand that I may ask Lysa to stop the session before it is completed if I feel too emotionally, spiritually, mentally, and/or physically uncomfortable at any point.

I understand that all client information is confidential and that no records, in paper, electronic, or any other format, are kept by Lysa about my session, with the exception of this consent form. My experiences during this session, and any hereafter, are confidential, subject to the usual exceptions governed by State or federal laws and regulations.

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I have read this form in its entirety and all my questions have been answered to my satisfaction. I consent to receive energy work from Lysa Grant. I understand that if my child is under the age of 13, I must be present with them during their session. I understand that if my child is between the ages of 13 - 15, I must remain on the premises during their session.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Lysa Grant Signature \_\_\_\_\_ Date \_\_\_\_\_