

Calming Winds

Client Information and Release Form

Tonia Bultrowicz for Calming Winds provides energetic practice techniques that is gentle, complementary, energy-based approach to health and wellness that can assist in bringing a body to a relaxed state. Tonia Bultrowicz will not diagnose or treat disease and does not claim to be a physician. These sessions are not a substitute for diagnosis or treatment from a qualified health practitioner for illnesses, injuries, or other medical treatment. Reflexology, Reiki, Sound Immersion, Tuning Fork, Tambour Drum Session and any combination of the above are energy-based sessions in which Tonia consciously use her hands in a heart-centered and intentional way to support and facilitate physical, emotional, mental and spiritual wellbeing.

All of the modalities performed by Tonia Bultrowicz are holistic, complementary and integrative energy-based wellness sessions that is accomplished through the practitioner's use of contact and/or non-contact touch and a heart-centered state of being. As the client you have the final decision if any contact is allowed. Reflexology requires contact for this modality to be performed on the feet and hands. In addition, as the client you remain fully clothed. Calming Winds follows a Code of Ethics outlined by the International Reiki Organization.

The traditions of many cultures emphasize the importance of subtle energy systems that flow through and around the human body, affecting its health and vitality. Many of these traditions stress that balancing these energy fields can assist the body, mind and spirit in moving towards and maintaining wellness. After a session, you understand that you may be tired and should take the opportunity to go home and rest and drink water to rehydrate.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Tonia Bultrowicz from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s). I understand Tonia Bultrowicz is not a doctor and will neither diagnose nor prescribe for any condition that I might have nor does she makes a specific claim regarding results from the holistic session(s) that I receive.

By signing below, I fully consent to use the services offered by Tonia Bultrowicz by signing below.

Printed Name: _____ Signature: _____ Date: _____

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Medical Intake Form

Calming Winds provides holistic services that are a gentle approach to wellness and can assist in bringing a body to a relaxed state. It is not within the scope of the practitioner to diagnose illness, disease or any physical or mental disorder, prescribe medical treatment or pharmaceuticals. Reflexology, Reiki and Tuning Forks can have *direct contact* with feet, hands and head. By signing this form, you are giving consent to receive a holistic session and understand I can stop the treatment anytime. In addition, you are giving permission to use a carrier oil (coconut or almond oil) during a Reflexology treatment.

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|--|---|
| <u>Name</u> | <u>Occupation</u> |
| <u>Phone</u> | <u>Email</u> |
| <u>Age</u> <u>Height</u> <u>Weight</u> | <u>Previous Energetic Sessions ? Circle: Yes No</u> |

Health Information:

Please circle answer to the questions, give explanation.

Medications Yes No
 Allergies Yes No Type _____
 Recent Injury Yes No Location _____
 Foot Surgery Yes No Reason _____
 Pregnant Yes No Months _____
 Metal Implants Yes No Location _____

Other medical information you want to share:

Cancer Present or Past Type _____
 If current, date of last treatment _____

Rate the following on a scale of 1 (being least) to 5

Quality of Sleep 1 2 3 4 5
 Energy Levels 1 2 3 4 5
 Support System 1 2 3 4 5
 Stress Levels 1 2 3 4 5
 Exercise Habits 1 2 3 4 5

Indicate any of the following, check issues:

____ Headache/Migraines ____ Cancer
 ____ Arthritis ____ Diabetes
 ____ Neuropathy ____ Stroke
 ____ Blood Pressure ____ Numbness
 ____ Organ issues ____ Heart Attack
 ____ Fibromyalgia ____ Blood Clots
 ____ Other .

Questions for practitioner prior to session: _____

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____

Service Provided: _____ Practitioner Notes Below:

