

# PERSONAL QI SESSION FORM

(All information is held in confidence.)

Name:

Address:

Phone:

Emergency contact:

Have you received energy healing or acupressure before?

Please describe the reason(s) you are scheduling a personal Qi session(s):

Please list any physical injuries and or health issues:

Please list any current mental, emotional, or spiritual issues:

Please describe the outcome(s) you are hoping will result from your session(s):

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Please describe your overall level of life energy at this point in your life:

Please list the practices, routines, and resources you use to take care of yourself:

Please share any other comments or information you would like Sandra to be aware of:

### Waiver:

If at any time during a session, I feel discomfort or strain, I will let Sandra know immediately.

I, the undersigned, understand that a qigong personal healing session is not a substitute for medical attention, examination, diagnosis, or treatment. I recognize that it is my responsibility to notify Sandra of any serious illness or injury, or any change of health status, including pregnancy. If I am shown qigong or Qi self-massage tools to use on my own, I will not perform any movements to the extent of strain or pain. I accept that Sandra is helping me to access my own healing energy and is not liable for any injury, or damages, to person or property, resulting from my participation in a qigong personal Qi session or home practice.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you and namaste.