

Awakentospirit.net Spiritual Response Therapy | Energy Clearing  
Client Information and Consent Form

Name: (Please Print) \_\_\_\_\_

Phone: (home) \_\_\_\_\_ Cell phone or evening: \_\_\_\_\_

Address: (optional) \_\_\_\_\_

City, State, Zip: (optional) \_\_\_\_\_

Email : \_\_\_\_\_

Any past or current health issues, limitations, medications I should know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Have you ever had an Energy healing or Spiritual Response Therapy session before? \_\_\_Yes \_\_\_No

If yes, when was your last session? \_\_\_\_\_ Number of previous sessions \_\_\_\_\_

What is your intent for the session? (List any specific areas such as health, relationships, blocks in your life):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Legal Disclaimer required by CA law (SB 577) :

There is no guarantee that Spiritual Response Therapy services will solve a particular condition.

I, Christopher Rotolo, disclose to the client(s) in this written statement using plain language the following information:

(A) I am not a licensed physician.

(B) That the treatment is alternative or complementary to healing arts services licensed by the state.

(C) That the services to be provided are not licensed by the state.

(D) The nature of the services to be provided are based on spiritual and energetic healing.

(E) The theory of treatment upon which the services are based : Spiritual Healing / Energy Healing.

(F) I have successfully completed an Advanced Spiritual Response Therapy course, and have read the texts many, many times, and have practiced on many people with amazing results.

Seek assistance from licensed medical professionals for all health issues.

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

Privacy Notice: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.