



# ANCIENT WAYS OF HEALTH

The Perfect Complement to Conventional Medicine

Ancientwaysofhealth@gmail.com

Thank you for choosing Ancient Ways of Health, LLC. for your Energy Healing needs. Energy Healing can be an effective way to help reset and balance your energy. When your energy is balanced you increase the natural ability to heal from pain, anxiety, headaches and more. It is not a substitute for medical care. If you are experiencing severe and immediate symptoms, or if you are having an emergency, please seek professional medical assistance or call 911.

## **Energy Healing Sessions:**

In general, I offer two types of energy healing sessions; seated and reclining. Seated visits are 30 minutes and focus on clearing and balancing energy in the upper body and head. This is useful in treating anxiety, asthma, depression, headaches, migraines and other upper body imbalances. Reclining visits are 60 minutes and focus on clearing and balancing energy in the upper body, lower body, and extremities, if needed. These visits are useful in treating energy imbalances related to anxiety/depression, headaches/migraines, pain, sports injuries, organ deficiencies, cancer treatments, and surgical recovery, just to name a few.

Advanced treatment: I offer advanced treatments for those seeking comprehensive healing plus thorough explanations for all treated areas. Advanced treatments include biofield clearing, restructuring, and chakra assessment/balancing. Also included is a personalized visual diagram showing your energy structure on all levels including the physical, emotional, mental, and spiritual levels. The results require extensive processing and will be emailed to you 3-5 days after treatment.

## **Cost:**

The cost for treatments are as follows: seated=\$40.00, reclining=\$65.00, advanced=\$150.00. If you refer a friend, and they come see me, then you both will receive a \$10.00 discount off your next treatment.

I offer in-home treatments for people who can't make it to the office (travel fee applies).

Unfortunately I do not accept insurance at this time. I do accept all major credit cards, checks and cash.

Note: If you need to cancel your appointment please give 24 hours notice. If you forget to give notice you may be charged for half of the treatment cost of the scheduled session.

## **Before you arrive:**

If it is your first visit then you will be asked to fill out a Release of Liability Waiver and answer a brief health Intake Form. Most questions are optional (please answer what you're comfortable with). I perform a customized energy treatment based upon what you tell me and what I feel in your biofield energy.

Note: I can feel most energy imbalances and therefore don't require you to inform me. However, if you choose to inform me then you open a dialogue for greater healing.

Please arrive 5-10 minutes early to give yourself time to relax. You may want to dress in warm, comfortable clothing and eat a nutritious meal prior to the session; this assists in relaxing your mind/body.

Insured by Beauty and Bodywork Insurance Company

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## What to expect:

Each session is unique and tailored to the individual. I may, on occasion, encounter some areas of your energy field that need extra attention. I may ask you a question about that area and you are welcome (but not required) to respond. You are always welcome to communicate any feelings, emotions, sensations, etc. that you have during your session and I will make every effort to accommodate your needs.

You may experience a variety of sensations as your energy “resets” to a more balanced state. This energetic reset may continue for 24 hours and during this time you are encouraged to get plenty of rest, and drink lots of water.

I am here to assist you in experiencing optimal wellness at a pace that is comfortable for you. How quickly you heal depends upon; how well you respond to treatment, how much change you can take, and how long you can hold the change.

Many Blessings,



*“When your energy is balanced,  
you remember how to heal yourself.”  
-David*



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## Intake Form

### Required

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Optional

Medications: \_\_\_\_\_

Personal Well-being Assessment (1=worst, 10=best) How do you feel in each category?

Physically \_\_\_\_\_ Mentally \_\_\_\_\_ Emotionally \_\_\_\_\_  
Spiritually \_\_\_\_\_ Relationships \_\_\_\_\_

Do you have any stress or anxiety? How much?

Describe \_\_\_\_\_

Do you have any pain? How much? Where?

Describe \_\_\_\_\_

What is your primary concern? What do you hope to get from this treatment?

Describe \_\_\_\_\_

Which statement best describes you?

*Energy Curious*- I'm new/newer to energy healing. I want to see how it can help restore me physically. I want a gentle and effective healing experience.

*Energy Believer*- I've had energy healing in the past but I want to explore healing on a deeper emotional level. I want to experience a deeper healing.

*Energy Warrior*- I've had energy healing treatments but I'm still not finished healing. I know there is something else that I'm ready to address. I want the deepest healing experience possible.



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## Release of Liability Waiver (legal stuff)

### Required

- I understand that any modality or service from David or Ancient Ways of Health, LLC., is not a replacement for medical care. If I have a serious medical issue I should seek professional medical care and/or call 911.
- The practitioner does not diagnose/treat medical illness, disease or other conditions.
- I understand that Healing Touch, RAJA Energy, Reiki, Qigong and The Kunlun System have not been approved or evaluated by the FDA to treat any illness.
- I have stated all my known current health conditions and take it upon myself to keep the practitioner updated on my health. I have stated all allergies.
- The energy healing practitioner will use hands-on-healing techniques gently touching me physically and it is my responsibility to communicate any concerns to the practitioner prior and/or during the treatment.
- I understand that there is a small risk that energy treatments may temporarily exacerbate current or past medical issues and it is my responsibility to seek outside professional help for any issues that arise during or after any energy treatment.
- The practitioner may refer me to a qualified professional and it is my responsibility to use discernment, proper judgment, and ask my primary physician prior to pursuing any suggestions.

### Optional

- I give my permission for my Energy Healing practitioner David to share my energy treatment details for teaching, certification, and/or statistical data. (All relevant identifying information will not be disclosed, such as name, email, address, phone number, etc.).

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed name \_\_\_\_\_