

BODY MEMORY RECALL
CLIENT INTAKE AND CONSENT

Name: _____ Date: _____

Street Address: _____ Phone: _____

City, Province, Postal Code: _____ Date of Birth: _____

Email: _____ Occupation: _____

I am informed about the Body Memory Recall approach (circle) Yes/ No

If yes, from what sources have you been informed? BMR Treatment Brochure, By a Therapist/healthcare practitioner, Freedom From Body Memory- the book, BMR website. If other, explain:

Reason for today's visit: decrease pain, release stress, release suppressed emotion, release trauma, increase energy, increase range of motion.

Please share specific reason you are seeking BMR treatment:

Mark "X" for previous conditions. Mark "Y" for current conditions.

muscle/bone injuries sprain/strain arthritis/tendonitis abdominal/digestive problems
 numbness/tingling sinus congestion pregnancy varicose veins heart/circulatory problems
 high/low blood pressure allergies blood clots infectious disease cancer/tumors dental problems
 surgeries asthma/lung conditions accidents other medical conditions scar tissue

Please explain and describe any other medical conditions _____

Current medications, including aspirin, Ibuprofen, vitamins, etc.:

BMR is a catalyst for resolving old injuries, traumas and for progressing past physical or emotional challenges. In support of this process, a website exists - ***www.freedomfrombodymemory.com***. There

you will find seminars, retreats, articles and recommended reading about body memory transformation and the BMR approach.

By signing below, I indicate that **I understand** that BMR is not a massage, massage therapy or any other form of medical treatment, but rather it is a spiritual, hands on healing approach in which I request and consent to receive from _____, an energy therapist and Level ____ BMR practitioner.

I understand that during a release of body memory, sensations, emotion and memories from past experiences may surface. It is also quite common for the body to vibrate or tremble or move spontaneously during a release. Whether physical or emotional, stress in the body is composed of various forms of energy, one of which is electricity. As the energy of stored stress surfaces, your BMR practitioner will encourage you to allow it to release. Release is a natural part of transforming body memory and can offer positive therapeutic outcomes, including:

- Decreased Tension & Pain
- Improved Range of Motion, Posture and Alignment
- Increased Energy
- Resolution & Completion of Past Experiences
- Inner Peace

Your BMR practitioner will provide a non-judgmental environment, BMR bodywork and gentle breathing exercises which will help you to soften and relax tense, hardened tissues that are limiting your body's ability to release body memory.

I understand that BMR can result in the release of trapped emotion and experience causing temporary detox symptoms such as emotional responses, physical aches and pains, digestive upset or changes, which will be temporary and eventually decrease. I agree that during the detox period I will support myself in ways suggested by my BMR practitioner (such as Epsom salt baths, relaxation techniques, drinking lots of water, resting, mild exercise and eating nutritional foods).

I understand that massage or bodywork should not be construed as a substitute for medical treatment and that I should seek care from a qualified medical specialist for any mental, psychological or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly and I state that I have no condition that would contraindicate a Body Memory Recall session. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

I am aware of and understand the risks involved in a Body Memory Recall session and I willingly and voluntarily assume these for this and any subsequent sessions and I waive and release all claims, actions or demands that I may have against the practitioner named herein and/or 2123386 Ontario Inc. (operating as Circle of Light Wellness Centre) for any damages, loss, costs or injury arising from, or out of, or in conjunction with my session(s). This waiver and release shall extend to any heirs, successors, representatives, officers, employees, agents or assigns of the releasees.

Signature: _____ Date: _____