

**Full Circle Energy Therapies LLC
2041 Pennington Road
Ewing, NJ 08618**

I understand that:

- An assessment will be conducted to determine the general health of my energy system and this information will be shared with me if I choose.
- Any suggestion made by the practitioner will be to assist my body's natural ability to achieve a balanced state to the extent that my body or my highest knowing will allow.
- The goal of my treatment will be identified as part of the treatment process and that I will have input into my goal setting.
- These sessions are not meant to replace treatment by established medical practices but to compliment them.
- No guarantees as to the results of treatment are expressed or implied by the practitioner.

I agree to:

- Raise any questions about anything I do not understand.
- Consider any suggestions that the practitioner may raise concerning referrals to other health care practitioners.
- Take full responsibility for my own health care.
- Give consent to Lori L. Hoff of Full Circle Energy Therapies LLC to conduct a session to balance my energy system.

I understand that all issues related to my session will be kept in confidence.

Cancellation policy: If you must cancel a session, please cancel within 24 hours of the session start time. If you do not, because I cannot book another client in the time slot I have reserved for you, I will ask for you to pay for your missed session.

Signature _____

Date _____

Print _____