



CHECKLIST

1. Plan to dress comfortably when visiting the **Wellness Balance Harmony (WBH)**. We also ask you to refrain from wearing any perfumes or colognes. All metal, including jewelry must be removed for the session. Pacemakers and implanted metal are permissible.

We suggest you be prepared to relax during your session. It doesn't matter whether a person sleeps, and it doesn't matter if your eyes are open or closed.

2. Use the time to relax and heal. Long walks and hiking, shopping and strenuous exercise are discouraged after sessions. Your health is the most important thing. It should be your priority in life above everything else. Your health allows you joy, love, productivity and creativity to flourish.

3. Should you plan more than one visit? Everyone is different; thus, the number of sessions is dependent on the individual. Please discuss this with the practitioner after your session. Most people need 3-10 visits to see good results. We do have packages available for purchase. After you achieve the level of wellness you wish to achieve maintenance sessions are recommended.

Factors that can be controlled by the individual which would aid the healing process are: drinking the required water, eating a good diet and staying away from stimulants such as coffee, tea and nicotine/marijuana, eliminating the use of alcohol or drugs, avoiding emotional, environmental or physical trauma, getting enough rest and the *big* one...try to avoid STRESS.

4. Please reschedule any blood work, massage, acupuncture, biofeedback, cranial sacral, EMDR, use of the BioMat or any other energy work for 5-7 days after doing a single session. People who perform energy work will be fine doing their work, but do not want to have work done on them.

5. Commit to drinking about 60-90 ounces to a gallon of water a day, depending on the diet, for about 5-7 days after a session.

6. By signing this you are acknowledging Wellness Balance Harmony is not your primary care provider.

7. Cancellation Policy requires 24 hours notification or you will be asked to pay the session fee. Thanks for understanding.

X **Signature** _____ **Date:** _____

By signing this form, you the client, are agreeing to all the above.

Print Name: _____ **Phone:** (____) _____