



[www.angelamielehealing.com](http://www.angelamielehealing.com)  
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## Consent Form

I understand and acknowledge that I will be engaging in session(s) of Spinal Energetics and other energy healing techniques and confirm that I am of an appropriate level of health to do so.

I will inform the practitioner prior to each session of any relevant health information and/or any relevant changes in my health.

I acknowledge the practitioner has informed me of her background and details of what to expect during and after a session.

I understand the energy healing session occurs as a collaboration between the practitioner and client.

It was explained to me that these energy healing techniques can be cathartic, emotional and physical in experience.

I understand and acknowledge that touch is made where necessary to help facilitate the release and unraveling of tension in the nervous system.

I understand that these sessions can result in an increase in discomfort or symptoms such as headaches, stiffness, mood changes, toxin release ect.

I agree to the practitioners' terms and conditions of fees and regulation.

My signature below indicates that I acknowledge, understand, and agree to all the items listed above and confirms my full consent to the services offered by Angela Miele:

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*(printed name)*

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*(signature)*

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*(date)*