

Client Waiver & Information

By signing below, I understand that Reiki, energy healing, and any other services performed by Jennifer Salness of Crystalline Light are designed to balance, align, revitalize, and spiritually uplift my personal energy field. I understand that health, wholeness, and personal balance require my own commitment, and that I must be willing to change in a positive way if I am to receive the full benefit of the session I receive. I understand that I am free to accept or reject any or all of the information or services received.

Crystalline Light & Jennifer Salness do not diagnose conditions, prescribe substances, perform medical treatment, or interfere with the treatment of a licensed medical professional. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. As required of all Minnesota alternative health care practitioners, I understand, have signed, and been given a copy of the Complementary and Alternative Health Care Bill of Rights.

Client Signature _____

Client Information

Name _____ Date of Birth _____

Full Address _____

Phone & Email _____

I would like to be added to the Crystalline Light email list (for classes, specials, product information):

Circle one yes / no

Presenting problems (if any):

Other modalities used (ie massage, herbs/flower essences, energy work, etc):

For My Use Only

Session notes: