



FLOWER ESSENCE CONSULTATION

Date: _____

Please complete only as you feel comfortable. Having this form completed in advance will support a more effective consultation. All information is strictly confidential.

Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Have you used Flower Essences before? *If so, briefly summarize your experience.*

Do you have any physical illness, symptoms or issues? *(Although the flower essences do not address physical illness, they can be supportive to the emotional component of physical illness.)*

Are you taking any medications?

What is your family background? *(Experiences from childhood greatly affect our adult emotional patterns. Flower essences can be very effective in supporting your healing regarding the current impact of these issues in your life). **Please describe aspects of your life that are relevant to your main healing issues.***

What is your main healing focus/issue(s) that you would like to address with flower essences? *(As time permits, please feel free to discuss any other issues not mentioned here)*

Subject to the terms of this disclaimer and release, we are pleased to offer you one of our services in the Omega Wellness Center. We have explained the nature of the treatment to you and you have elected to receive that treatment.

Your treatment is not intended to diagnose any physical or mental condition or to prescribe or promote any particular product. It is not intended as a substitute for the advice and treatment of a licensed physician.

If you are uncomfortable during any portion of your treatment, advise your practitioner immediately.

You are participating in the treatment of your own volition, and you accept and assume any and all risks associated with, or consequences relating to, the selected treatment. You waive any claims you may have against Omega, its employees, practitioners, officers and directors, relating in any way to the treatment.

Signature _____

Date: _____

Your signature on this page indicates you have read, and are in agreement with, the release of liability statement (above) which covers any Wellness Center services you partake in during the course of your stay at Omega. If you are under the age of 18, then a parent/guardian of the above-named child/youth must co-sign this form.