



DharmaGaia Health Care

Empowering The Healing Process!

HARMONYUM HEALING INFORMED CONSENT & AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

Name: _____

Address: _____ City _____ State ____ Zip _____

Age: ____ Height: ____ Weight: _____

Home/ cellular phone number: _____ Email: _____

Date/Place of Birth: _____

Occupation: _____

In Emergency Notify: _____

Date: _____

The information below will help me to serve you better. Please feel free to be absolutely honest, your answers are part of your confidential medical record. Use the back of the page if necessary.

Please state your primary health or any other concerns:

1. _____

2. _____

3. _____

4. _____

5. _____

Have you ever tested positive for any of the following?:

HIV _____ Tuberculosis _____ Hepatitis _____



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Is there any history of cancer, diabetes, genetic disease or any other important illness in your family? _____

PAST MEDICAL HISTORY (PLEASE INCLUDE DATES):

Allergies: _____ Cancer: _____

Diabetes: _____ Drug/Alcohol Abuse: _____

High blood Pressure: _____ Heart disease: _____

Seizures: _____ Rheumatic Fever: _____

Venereal Disease: _____ Thyroid disease: _____

Surgeries: _____

Other significant illness: (Describe): _____

Accidents or significant trauma/ fractures (describe): _____

OTHER RELEVANT MEDICAL HISTORY: _____



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COMMENTS

Please use this page to elaborate any of the above questions, to use a number from 1-10 (10 strongest) to quantify the impact or magnitude of the problem you are facing right now and to tell me of any other problems you would like to discuss:



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I, the undersigned (client), do hereby affirm that I fully understand and agree to the following declarations:

1. Dr. Maria Manzanares, MD, does not offer or provide standard allopathic medical services, prescription drugs, surgery, chemical stimulants, radiation therapy, or any other conventional treatments; and all services she provides are strictly assessment, consultative, nutritional, observational and behavioral, using Naam Yoga therapies, psychological origins of disease, Akashic records, Scenar technology and other energetic healing and stress reduction techniques. These services are considered complementary alternative therapies and bio psychosocial techniques and don't require licensing by the State of California. Dr. Manzanares is a certified Reiki master, Harmonyum practitioner, Akashic Records consultant and Naam Yoga therapist. She has been extensively studying the benefits of these alternative therapies since 2006 and continues to study to keep offering the most effective and updated complementary options to enhance self healing.

2. Dr. Manzanares, does not recommend that I go against my (or any) medical doctor's orders and recommends that I continue my relationship with my regular physician if I consider it necessary.

3. Dr. Manzanares, cannot make predictions or promises as to the outcome of the sessions, other than she will give me her devoted best effort(s) and recommendations based upon a combination of her clinical experience and her knowledge.

4. Hereby I request and consent to receive Harmonyum® Healing.



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5. I understand that I should not receive more than one Harmonyum® treatment within a 24 hour period and that a complete treatment series includes seven Harmonyum® sessions.

6. I understand that a normal and healthy component of any healing system, including Harmonyum®, that seeks to support the body's internal healing mechanisms, is the phenomenon of a healing crisis. A healing crisis is a normal occurrence, and can be associated with any medical system.

7. By signing this informed consent I agree to forever release Dr Maria Manzanares, MD, from any and all actions, claims or demands that I, my heirs, next of kin, spouse and legal representatives now have, or may have in the future related in my participation of a Harmonyum® Healing session. I agree to be responsible for all legal costs and fees that may result from action(s) on my part or on the part of my representative(s) against Dr Manzanares.

8. I understand that if I arrive late to my scheduled appointment, my session will end at the originally scheduled time. If my consultation starts late, Dr Manzanares, will make up the time at the end of the session. I agree to pay the full fee for the consultation missed on my behalf that is not cancelled with a minimum 24 hours notice.

Signature

Date

Printed Name:
