



Oneness Healing Arts  
HEALING BEYOND TIME & SPACE

## Oneness Healing Arts, LLC / Awakening to Oneness New Client Information Form

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Name, age and birthdates of client and members living in the home:

Client: \_\_\_\_\_

Mother: \_\_\_\_\_

Father: \_\_\_\_\_

Sibling 1: \_\_\_\_\_

Sibling 2: \_\_\_\_\_

Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Number to call for session: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (Name & Number): \_\_\_\_\_

Significant events/traumas/stressors in the client's life: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the gestation period of the client: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe the birth of the client: \_\_\_\_\_



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Do you have a particular area of concern? Please list all physical, mental, emotional and spiritual concerns. \_\_\_\_\_

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What do you/your family call your higher power if any? (God, Source, Divine, Buddha, etc.)

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How did you hear about Oneness Healing Arts, LLC / Awakening to Oneness?

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## Consent Form

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By signing this form, I give my consent to an energy balancing session by Crystal Lawless, M.Ed. (aka: Cryztal Feith Lawless), CNHP, Oneness Healing Arts, LLC, Awakening to Oneness. I understand I may discontinue sessions at any time. I believe that I am ultimately responsible for maintaining my health in the best way that is within my understanding. I believe that it is my choice in the method and in the person to assist me (my child) in the best way that is within my understanding.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Crystal Lawless, M.Ed., CNHP (aka: Cryztal Feith Lawless), Oneness Healing Arts, LLC and Awakening to Oneness from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s), including sessions for my child.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_



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## Honor Payment Information

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Payment is expected in full at the end of the session. Payment options include the following:

**PayPal**: Please send payment following session to: **OnenessHealingArts@yahoo.com**

Based on the rate of \$115 per hour, prorated accordingly, I authorize Oneness Healing Arts, LLC to charge the rate agreed upon following the completed session.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_



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## Disclaimer

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All new clients are required to sign and submit the following disclaimer prior to the first session.

**Please read and sign below:**

I understand that energy balancing is a simple and gentle energy technique that is used for balancing, stress reduction and relaxation. I understand that energy practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional. I understand that energy balancing does not take the place of medical care. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I may have. I understand that energy balancing can complement medical or psychological care I may be receiving. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to balance itself.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

**Privacy Notice:**

No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18 unless required by law.