



## CLIENT CONSENT FORM

Full name:					
Address:				City:	
Province/State:		Postal/Zip:		Country:	
Phone no.:			Cell phone no.:		
Email address:					

1. I have voluntarily sought out Energy Treatment with Ellen Lewinberg as an adjunct therapy to my current medical treatments.
2. I consent to having Ellen Lewinberg perform an Energy Treatment on my body in an attempt to rid my body of cancer.
3. I fully understand that this course of treatment is not yet recognized by Western Medical establishments in producing positive results.
4. I understand that the treatment session will last a minimum of six hours.
5. I understand that Ellen Lewinberg is not a licensed medical doctor.
6. I understand that the treatment Ellen Lewinberg will provide involves placing her hands physically upon my body. I understand that, depending where the cancer is in my body, that Ellen may physically need to place her hands on the genital region and/or the breast region. I understand that this will only be done while a relative or friend is monitoring the session. I further understand that I must be able to lie motionless for an hour at a time while Ellen does her therapy. In summary, I fully understand that Ellen Lewinberg will be touching my body with her hands, skin to skin contact, and that she needs to do this in order for the treatment to be effective. I understand that at any time during the treatment, I may request a break, or request that the session stop.
7. I understand that I need to bring a friend or relative with me to the session. I further understand that only one person at a time may be present during the session. I will ask my friends and relatives to remain away from the session location and instruct them not to interrupt while Ellen Lewinberg is performing the treatment. I understand the need for absolute quiet and concentration.
8. I understand the Ellen Lewinberg offers no guarantees that this treatment will bring about the results I desire. Ellen has not made any promises either verbal or written, that my cancer will be cured. I am doing this session with Ellen Lewinberg as an adjunct therapy to my traditional therapy.

9. I agree to allow Ellen Lewinberg to monitor my progress after treatment.
10. I understand that Ellen Lewinberg can use this information for the purposes of promoting her business and that it may be printed in the future as part of a book, magazine articles, etc. I understand that none of my personal information that can identify me will be included in any publications of this data.
11. I am attending this session with Ellen Lewinberg as my own choice. I am healthy enough to have travelled to this appointment on my own.

---

### Appointment details

Total cost of the appointment:

Date of this appointment:

Location of this appointment:

### Client

Name (print): .....

Signature: .....

Date: .....

### Witness

Name (print): .....

Signature: .....

Date: .....