

Chakra Balancing Consent Form

Full Name

Date of Birth

Phone Number

Email Address

Address

Section 1: Understanding Chakra Balancing

Section 2: Client Declaration

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I understand that chakra balancing is not a substitute for medical diagnosis or professional treatment.

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I confirm that I am participating voluntarily.

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I give my consent to receive chakra balancing sessions.

Additional Notes or Medical Concerns

Client Signature

Date

Practitioner Signature

Date