



***Lyn Milum***  
*Advanced Practitioner  
of Vibrational Healing  
Honoring the Wisdom of your Inner Healer*

*Welcome to my practice. Thank you for choosing me as a member of your wellness team.*

***Client Information Form***

Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Age today \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ is text ok? Y N Alternate phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

Occupation, or how you spend your time \_\_\_\_\_

What do you do for relaxation and fun? \_\_\_\_\_

Major life events that were turning points for you, events that shaped and changed your life. Consider each decade. Use another page if necessary. \_\_\_\_\_

What are your healing goals? What brings you to my practice? \_\_\_\_\_

The one thing that would make me feel I gained significant progress on my over-all wellness path from working with Lyn Milum is: \_\_\_\_\_

***Consent for Practice***

☐ I acknowledge that Lyn Milum, Advanced Practitioner of Vibrational Healing and Licensed Massage Therapist FL#57728, is not a medical doctor, but has trained extensively since 1982 in many perspectives and applications of energy field healing. I acknowledge that as an energy practitioner, Lyn Milum does not diagnose conditions, nor does she prescribe substances, perform medical treatments, offer medical advice, nor interfere with the treatment of a licensed medical professional. I acknowledge that it is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I may have. I acknowledge that Lyn Milum is not responsible for any choice I make, or for any function of my physical or emotional health.

☐ I acknowledge that remote or in-person sessions with Lyn Milum may include a combination of talking, voice toning, sending energy, meridian tapping, self-care education, remote viewing, offering prayer, stone medicine, and music or sound. I acknowledge that Lyn Milum's approach is founded in knowing that the body has the ability to heal itself, and that long term imbalances sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to bring the system back into balance.

☐ I acknowledge and affirm that self-improvement requires commitment on my part, and that I must be willing to change in a positive way if I am to receive the full benefit of energy treatment. I recognize that an energy treatment program must be followed to be truly effective. I acknowledge that every body and spirit is different and I am involving myself with all aspects of this process at my own risk. I, the patient, am fully responsible for any adverse reactions to my appointments with Lyn Milum, and I take full responsibility for my own healing including my sessions with Lyn Milum. I acknowledge, as with all healing approaches, that there are no guarantees of outcomes.

☐ Privacy notice: No information about any client will be disclosed to any third party without written consent of the client, or parent/guardian when the client is a minor (under 18 years old).

☐ I acknowledge that session fees occur from the beginning of scheduled appointment time or early arrival time and end at the close of the appointment. \$100 for 1.0 hours, \$140 for 1.5 hours and \$180 for 2.0 hours. First appointments are 1.5 hours. Time added to the scheduled appointment is \$25 for each additional quarter hour, if Lyn Milum's schedule allows. My payment is made prior to my treatment, and there is a full refund if I cancel more than 48 hours before my scheduled time. If I cancel under 48 hours before my scheduled time, there is no refund.

☐ Optional: Elixirs of stones and/or subtle frequencies are created with no physical contact between the minerals and the water, so I acknowledge my use of elixirs is completely safe. I confirm that changes I experience when taking elixirs made by Lyn Milum are from my interactions with the subtle energy frequencies they contain. Cost of elixirs and their delivery varies, and is available on request.

☐ Optional: Stones I choose to purchase from Lyn Milum and her instructions for stone-healing treatments are used at my own risk. I will ask her if I need additional clarity about the use and placement of the stones. Cost of stones and their delivery varies is available on request.

☐ Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Lyn Milum from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s), and this voluntary relationship that I am initiating.

☐ By signing this consent form, I am agreeing to take responsibility for everything included in and related to this process, even and especially for my achievements in healing.

☐ The above information is true and accurate to the best of my knowledge.

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

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_