

Coreexpressions
Healing for Body, Mind and Spirit
Tammy Marinaro-Crook, RN, BSc BHS

Client Information and Consent for Treatment of a Minor

Welcome to my practice. It is my pleasure to have the opportunity to work with you. The following is some basic information about my practice and the treatments I offer as a Brennan Healing Science® Practitioner and Complementary Therapy Practitioner.

Complementary therapy is the use of non-traditional treatments to promote and maintain health, manage pain, provide therapeutic treatment of illness, foster a sense of well-being and provide palliative care.

My practice is an integration of my individuality, education, experience, and spirituality. My desires as a practitioner are to help people to rediscover the fullness of their being; to find and return to true joy and passion in living; to feel well physically, emotionally and mentally; and to unleash their true potential to manifest the life they have always wanted.

I truly believe in the therapies I offer and I utilize them in maintaining my own health. I truly believe in an integrated approach to wellness and health that includes traditional medical care, chiropractic, acupuncture, Brennan Healing Science®, Reiki, nutrition, meditation, visualization, herbs and flower essence, etc. All therapies have their place. I acknowledge and respect that each client is an individual and what may appeal to and benefit one may not another.

My practice is not religion based. I welcome all faiths and beliefs. I offer an environment and relationship of non-judgmental acceptance and support. My goal is to create a client-practitioner relationship that allows the client to be open and honest with themselves thus bringing forth that which is out of balance.

I do not medically diagnose or prescribe treatment. The therapies I provide are not a substitute for medical examinations, diagnoses and/or treatment. I do not advise you to discontinue any medical treatment you may be receiving or discontinue any medication you may be taking. I recommend that you see a physician, or other qualified medical professional, for any medical ailment you may have. I may also ask that you be in the care of a qualified psychotherapist. My treatments and our work together are intended to be in harmony with any other treatments you may undertake. I encourage you to freely discuss all other treatments with me. Also, I encourage you to discuss our work with your physician and other members of your care team.

Brennan Healing Science®, Reiki and other forms of energy healing treatments may be given using a technique known as “laying on of hands”, or I may place my hands above the body in the energy field. Laying on of hands is a safe, therapeutic and strictly non-sexual form of touch. The client is fully clothed and is seated or lying on a treatment table.

At all times, your healing is your responsibility. I offer to serve as a facilitator in your self-initiated process of healing and transformation. I am here as your committed listener, your mirror, and your partner in the process. Self-care is an extremely important part of your healing process. If at any time during the session you are uncomfortable, it is your responsibility to inform me immediately. I recommend that you refrain from using alcoholic or caffeinated beverages for 24 hours following your session. I also recommend that you drink at least 64 ounces of pure water during the 24 hours following your session, unless otherwise advised by your healthcare team.

My approach to healing and personal transformation is holistic, focusing on you as a unique, complex, dynamic being of body, mind and spirit. In the course of our work together, we will explore areas that influence your state of well-being. We may address your health history, life stressors, belief systems and attitudes, your family and childhood history, diet, exercise, dreams, longings and how you are in relationships.

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Your sharing is always kept confidential. For the purposes of my continuing professional development and so that clients may receive the most assistance available, I do discuss clients, without mentioning their names, with my professional supervisors or professional peers.

We may prefer to set up a regular schedule to work but there is never any obligation to continue treatment.

Cancellation Policy: 24 hours notice is required when cancelling an appointment. You will be charged the full session fee for either a cancellation with less than 24 hours notice or a missed appointment.

Arriving Late Policy: Should you arrive late, your treatment time will be shortened and will end at the scheduled time. You will be charged the full session fee.

Payment is due after the session by cheque or cash. You agree to pay any additional fees incurred if your cheque is returned by the bank.

You are aware that the therapies offered may involve a safe and therapeutic form of touch.

You fully understand that the therapies I provide are not a substitute for medical examinations, diagnosis and/or treatment. It is recommended that you see a physician, or other qualified medical professional, for any medical ailment you may have. In addition, you have stated all medical conditions, medications, supplements and alternative therapies you are currently using and take responsibility for providing updates on your physical health, medications, supplements and alternative therapies being used.

I am most happy to answer any questions regarding my services and I also encourage you to express any questions or concerns you may have.

In partnership for your healing and with warm regards,

Tammy Marinaro-Crook

Date _____

Parent/Guardian Acknowledgment and Consent for Treatment of a Minor

I have carefully read the Client Information and Consent provided by Tammy Marinaro-Crook and am satisfied that I understand the nature of the services she provides. I give my permission to Tammy Marinaro-Crook to work with my child, _____, in the above-described manner. Furthermore, it is acceptable to me to have the information about the sessions shared (without my child's name or any identifying information) with professional supervisors or professional peers for Tammy's professional development.

Signed _____
(Parent or Legal Guardian)

Date _____