Joanie DelaGarza, RN

**Harmonizing Touch Healing Therapies**

**Craniosacral · Energy Medicine · Light Therapy**

Healing Touch Certified Practitioner (HTCP)

Website: [www.HarmonizingTouch.com](http://www.HarmonizingTouch.com)

Email: [joandelagarza@comcast.net](mailto:joandelagarza@comcast.net)

(970) 420-4949

*Revitalizing Body, Mind, & Spirit*

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Yes No Are you taking photosensitive medicines where you have been guided by your doctor to

stay out of the sun? If yes, consult with your doctor first.

Yes No Are you epileptic or prone to seizures?

Yes No Are you sensitive to light?

Yes No Do you wear contacts?

Yes No Are you currently pregnant?

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am choosing to use LED Light Therapy and am fully aware that these Harmonic Light sessions are designed only to support traditional methods of care.

They are not meant to cure or replace any medical treatments that I am receiving or a substitute for medical care. Joanie DelaGarza RN, HTCP, CR does not diagnose, prescribe, or perform medical treatments and that I should see a physician for any condition that I am aware.

I choose to receive Harmonic Light sessions of my own free will and do not hold Joanie DelaGarza RN, HTCP, CR responsible for any results that may or may not occur.

I give Joanie DelaGarza RN, HTCP, CR permission to touch me as necessary to apply the LED light pads.

I hereby certify that this form has been fully explained to me and that I am satisfied that I understand its meaning and significance.

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