

Emergence Care Consent and Personal History Form

Explanation and Consent for Emergence Care

Please take the time to thoroughly read the consent form prior to signing it and completing the personal history section. The consent form will help you develop a sense of what Emergence Care is about, what may occur in the process of receiving Emergence Care, and describes the potential benefits that may come about from receiving Emergence Care.

Emergence Care is a healing art that can initiate the process of healing in extraordinary and unanticipated ways. Healing takes place in the *mind*, and the mind creates the brain and body. The mind exists as a field of energy known as the *subtle body*. The subtle body surrounds the physical body much like the atmosphere surrounds the earth. The mind is almost entirely unconscious to us, though it exerts an unspeakably powerful influence over consciousness, the brain and the body. The influential psychologist, Carl Jung, stated, "Until you make the unconscious conscious, you will repeat the same patterns and call it fate." He also stated, "There is no coming to consciousness without pain." The remembrance of what we truly are is in the unconscious, and so is everything that blocks this remembrance from our present awareness. Memories that we have dissociated are also contained in the unconscious mind. Emergence Care is a safe, unique and very effective healing art which, through the application of *presence* to the subtle body—the unconscious mind—can lead to deep healing.

For thousands of years, various structures inherent in the subtle body have been associated with healing, spiritual growth, ecstatic states and the capacity to unlock the mysteries of life. These structures are known as *chakras, nadis and meridians*. Emergence Care does not seek to bring energy into, remove energy from, to clear, open, close, influence or even interact with these structures. As such, Emergence Care is not energy work, but rather a healing art in which the contents of the unconscious are made more available to the conscious spectrum of awareness. This occurs as the Emergence Care practitioner enters into a state of presence during an Emergence Care session. Presence is a state of mind in which the accustomed personal awareness is momentarily suspended. This requires tremendous focus, and when the mind focuses this intensely for even an instant, what is known as *Higher Self* is allowed to come forward within the mind of the practitioner. Higher Self is the pure love that we all are, and is completely natural and safe. Higher Self is an "energy" that is ever-present and exists everywhere, but our personalities function as a block to this energy entering into our conscious awareness.

When the Emergence Care practitioner enters into a state of presence, the chakras, nadis and meridians in the subtle body immediately pick up on the energy of Higher Self. The broadcast of Higher Self is always available, though it must be "amplified" so these structures can tune into it instead of tuning into the persistent broadcast of the personality. Presence is the process of sufficiently amplifying the signal of Higher Self to make it momentarily possible to tune it in. Chakras are *receivers*, much like cell phones and TV's are receivers that receive an invisible broadcast and give rise to what's contained within the energy that they receive. The chakras, nadis and meridians directly correlate with the brain, spinal cord, vital organs and the nerves of the body, and when these structures receive the signal of presence, deep healing can take place in the mind and consciousness. And as this energy passes from the energetic realm into the physical realm, the physical body is allowed to heal as well. The Emergence Care practitioner does not attempt to manipulate or change energy—energy cannot be changed.

The momentary allowance of Higher Self/Mind into individual self/mind is what allows the unconscious to slowly become conscious, and *this is what allows the mind to heal*. While the brain does play a central role in our lives, its function is limited by the broadcast that it can receive. *The mind and brain are not the same*. Healing is a much larger process than simply optimizing your brain and neurochemistry. As long as the chakras—and therefore the brain—remain cut off from Higher Self, healing in a true sense remains impossible.

Emergence Care is provided without physical contact. Emergence Care practitioners enter into a state of extremely deep focus, may remain relatively motionless at times, and may pass their hands rapidly through the subtle body at other times. Practitioners may breathe deeply and/or make toning sounds while providing sessions. These movements, breathing patterns and sounds are involuntary, are not done to facilitate healing, and are not done to force healing to occur. Healing cannot happen through force, only through acceptance and allowance.

Receiving Emergence Care regularly can lead to improved physical and psychological well-being, improved interpersonal relationships, awareness of subtle energy, spiritual states of mind and the resolution of the specific concerns that led you to seek Emergence Care.

Working toward these benefits requires effort on your part. Deep, lasting healing requires your very active involvement, honesty, and openness in order to change your thoughts, feelings and/or physical health. To heal, we have to pause and take stock of our lives. Receiving Emergence Care allows you to reflect on your life, its circumstances, meaning, past experiences, challenges, etc., and then move forward with a new perspective, different from the one that caused you to seek change in your life. This could involve re-experiencing unpleasant events, feelings, or thoughts, and may result in decisions about changing behaviors, employment, substance use, schooling, housing, relationships, and may lead you to deeply ponder the meaning and purpose of your life. As the mind heals, your perceptions about your life experiences begin to change, and may open the door to a wider range of possibilities not previously seen, such as forgiveness, acceptance, understanding, compassion, joy, peace and flexibility. Healing will sometimes be easy and swift, sometimes more slow and subtle. You may experience profound, even ecstatic shifts in your awareness and body. Emergence Care can support you in opening to new possibilities that haven't previously been available in your life.

Receiving Emergence Care may lead to experiencing what were previously unknown states of consciousness, body movements and/or energy. This is natural, but can be surprising and even startling due to the nature of the experience. Emergence Care is very powerful, and can activate *kundalini*. At no point is Emergence Care administered with the intention of activating this powerful, life-changing movement of energy through the subtle and physical bodies, though this phenomenon does commonly occur when Emergence Care is received regularly. The development of kundalini is an important step in the mind being healed, and is associated with a fluidity developing between the conscious and unconscious levels of mind as its barriers become more penetrable. While kundalini is very powerful, it's not harmful. In fact, kundalini is a momentary experience of the grace of God, i.e., Higher Self. The development of kundalini doesn't heal the mind, however. It allows the mind to *become open to healing*, and it's at this point that the real work of healing can finally begin. Ultimately, receiving Emergence Care can lead to a more consciously directed, autonomous, beautiful and peaceful life.

Emergence Care is not provided with any therapeutic purpose, and it is not intended to diagnose or treat any physical or mental diseases or conditions. There are too many variables involved to accurately predict what the outcome of receiving Emergence Care or any other healing art will be. The nature of your condition, the timing of when you seek help, your current state of health, history, attitude, regularity with care and participation all play an important role in healing. When health conditions are allowed to progress too far before seeking help, a longer healing process is usually necessary. Conditions and symptoms that you're currently experiencing or have experienced may temporarily intensify or intermittently resurface when you receive Emergence Care. This is a natural part of the healing process. However, this can at times lead to confusion when attempting to understand the meaning of symptoms that resurface or become temporarily exacerbated in the course of receiving Emergence Care. Symptoms and conditions commonly develop as health deteriorates, and are commonly experienced as health is regained. The absence of symptoms does not correlate with health or with the process of healing. If you're experiencing symptoms that you don't understand or find concerning, it's important to speak to your practitioner about them. If your symptoms and concerns persist, seek advice or treatment from a professional who specializes in treating your particular symptoms.

It's natural to want your conditions and symptoms to be reduced or eliminated, and it's important to seek any and all assistance for your conditions/symptoms until your concerns are satisfied. If you're dealing with a particularly challenging health concern or personal life situation, one of the most helpful things you can do is first to accept that it's happening, and do your best not to resist what it is that's showing up in your life, as your life. Acceptance does not mean that you take no action, but allows you to proceed more calmly and peacefully, thereby making decisions less motivated by fear and more by love.

Confidentiality

All client information and records provided during the course of receiving Emergence Care will be kept confidential except under circumstances as detailed in state or federal statutes, laws and regulations. Your information will not be released to individuals or agencies without your signed authorization, except in those legal situations as noted. Client files are maintained in strict confidence, in accordance with applicable state and federal laws and professional standards.

I have read this consent form, and I give my consent to receive Emergence Care.

Patient signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Personal History

Please take the time to thoroughly complete the personal history section. This information will help us better understand you, your history, how it may be influencing your current state of health, what you're hoping to experience from receiving Emergence Care, and how to best assist you in your healing process. Completing this form may help you reflect on your life, which is an essential and often overlooked element of the healing process. There are no right or wrong answers. For example, answering "yes" to question #65, *Do you have a strong need to be right?*, could show that you feel strongly about issues and know where you stand, or it could help you recognize that you become inflexible at times and this is an area of potential growth area for you.

Last Name: _____ First Name: _____ Date: _____
Address: _____ City: _____
State: _____ Zip: _____ Email: _____
Cell: _____ Home: _____ Work: _____
Date of Birth: _____ Occupation: _____
Emergency Contact: _____ Phone: _____
Who referred you? _____ Do you have children? _____
Why are you seeking Emergence Care? _____

Please list any health/life concerns that you're experiencing and when they began:

1	2	3
4	5	6

1. Please describe: _____

2. What have you done about this situation/concern? _____

3. Have you sought advice/treatment for it? Yes No If yes, what were you told? _____

4. What was done? _____

5. Did it help? _____

6. What was different about you after treatment? _____
7. What was different about your condition or concern after treatment? _____
8. Have your concerns changed since treatment? _____
9. Why do you think this has happened or continues to happen to you? _____

10. If your health condition had a message for you, what would it be? _____
11. What would have to change in order for you to heal? _____
12. How would you describe your current state of health? _____
13. When do you last remember feeling really great? _____
14. What are the major stressors in your life? _____

15. What do you do to relax/relieve stress? _____

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16. Do you feel like you're in touch with your life purpose? _____
 17. Does your life reflect this? _____
 18. If you could change one thing in your life, what would it be? _____
 19. How would this allow you to heal more deeply? _____
 20. Is having a deeper meaning of life important to you? _____
 21. How could your life be more fulfilling? _____
 22. What do you do currently that brings you joy? _____
 23. If you did things in the past that brought you joy and you aren't doing them now, why? _____
 24. Are you more able to say "no" when it's appropriate for you to do so? _____
 25. Are you on a restrictive diet? If so, why? _____
 26. In general, do you eat well? Usually Sometimes Rarely Never _____
 27. Is your water intake adequate? Usually Sometimes Rarely Never _____
 28. Are you happy with your body image? Usually Sometimes Rarely Never _____
 29. Do you feel physically attractive? Usually Sometimes Rarely Never _____
 30. Do you fall asleep easily and sleep soundly? Usually Sometimes Rarely Never _____
 31. Do you awaken in the morning feeling well rested? Usually Sometimes Rarely Never _____
 32. Do you require supplements or medication to sleep? Usually Sometimes Rarely Never _____
 33. Do you experience disturbing dreams or experience restless sleep? Usually Sometimes Rarely Never _____
 34. Do you have enough energy to meet your daily responsibilities? Usually Sometimes Rarely Never _____
 35. Are you physically strong enough to meet your needs? Usually Sometimes Rarely Never _____
 36. Do you have good endurance or aerobic capacity? Usually Sometimes Rarely Never _____
 37. Do you engage in regular physical workouts? Usually Sometimes Rarely Never _____
 38. Are you free of chronic aches, pains, ailments, and diseases? Usually Sometimes Rarely Never _____
 39. Do you understand the causes of your chronic physical problems? Usually Sometimes Rarely Never _____
 40. Do you take time to stop and smell the roses? Usually Sometimes Rarely Never _____
 41. Do you schedule regular healing/bodywork sessions? Usually Sometimes Rarely Never _____
 42. Do you live and work in a healthy environment with respect to clean air, water, and indoor pollution? _____
 43. Do you feel energized or empowered by nature? Usually Sometimes Rarely Never _____
 44. Do you feel a strong connection with and appreciation for your body, your home, and your environment? _____
 45. Do you have specific goals in your personal and professional life? _____
 46. If so, are these goals helpful, stressful or both? _____
 47. If you have goals, why did you set them? _____
 48. Does your job utilize all of your greatest talents? Usually Sometimes Rarely Never _____
 49. Is your job enjoyable and fulfilling? Usually Sometimes Rarely Never _____
 50. Do you feel stressed about money? Usually Sometimes Rarely Never _____
 51. Can you meet your financial needs? Usually Sometimes Rarely Never _____
 52. Are you willing to take risks or make mistakes? Usually Sometimes Rarely Never _____
 53. Do you believe it's possible to change your life, circumstances, health, etc.? _____
 54. Is your outlook basically optimistic? Usually Sometimes Rarely Never _____
 55. Do you give yourself more supportive messages than critical messages? Usually Sometimes Rarely Never _____
 56. Do you enjoy high self-esteem? Usually Sometimes Rarely Never _____
 57. Are you able to adjust beliefs and attitudes following painful experiences? _____
 58. Are playfulness and humor important to you? Usually Sometimes Rarely Never _____
 59. Do you have a sense of humor? Usually Sometimes Rarely Never _____
 60. Do others find you funny? Usually Sometimes Rarely Never _____
 61. Can you laugh at yourself? Usually Sometimes Rarely Never _____
 62. Do you take life personally? Usually Sometimes Rarely Never _____
 63. Would those close to you say that you are easy-going? Usually Sometimes Rarely Never _____

64. Are you controlling of yourself and/or others? Usually Sometimes Rarely Never _____
65. Do you have a strong need to be right? Usually Sometimes Rarely Never _____
66. Are you able to experience (feel) your painful feelings such as fear, anger, sadness, and hopelessness? _____
67. Are you aware of and able to safely express fear? Usually Sometimes Rarely Never _____
68. Are you aware of your anger? Usually Sometimes Rarely Never _____
69. Are you able to express anger appropriately? Usually Sometimes Rarely Never _____
70. Are others afraid of your anger? Usually Sometimes Rarely Never _____
71. Are you afraid of your anger? Usually Sometimes Rarely Never _____
72. Are you aware of and able to safely express sadness or cry? Usually Sometimes Rarely Never _____
73. Are you accepting of your feelings? Usually Sometimes Rarely Never _____
74. Do you maintain peace of mind and tranquility? Usually Sometimes Rarely Never _____
75. Do you engage in yoga, meditation, contemplation, spiritual practice or psychotherapy to experience greater depth in life? _____
76. Do you feel spiritually connected? Usually Sometimes Rarely Never _____
77. Do you actively commit time to your spiritual life? Usually Sometimes Rarely Never _____
78. Do you have faith in God or a higher power? Usually Sometimes Rarely Never _____
79. Are you free from anger toward a higher power or God? Usually Sometimes Rarely Never _____
80. Do you fear God? Usually Sometimes Rarely Never _____
81. What has become the main focus of your life? _____
82. Why? _____
83. Do you have the ability to concentrate for extended periods of time? _____
84. Do you experience feelings of exhilaration? Usually Sometimes Rarely Never _____
85. Do you listen to and act upon your intuition? Usually Sometimes Rarely Never _____
86. Are creative activities a part of your work or leisure time? Usually Sometimes Rarely Never _____
87. Do you experience gratitude? Usually Sometimes Rarely Never _____
88. Do you take walks, garden, or have contact with nature? Usually Sometimes Rarely Never _____
89. Are you able to let go of your attachment to specific outcomes and embrace uncertainty? _____
90. Can you let go of self-interest in deciding the best course of action for a given situation? _____
91. Do you take time to connect with children or the elderly? _____
92. Do you have the ability to forgive yourself and others? Usually Sometimes Rarely Never _____
93. Are you in a romantic relationship? _____ If so, are you happy with it? _____
94. If not in a relationship, do you wish you were? _____
95. Do you experience intimacy, besides sex, in your committed relationships? _____
96. Do you confide in or speak openly with one or more close friends? Usually Sometimes Rarely Never _____
97. Is there a person/group of people who supports you in your life? _____
98. Do you feel a sense of belonging to a group or community? _____
99. Do you or did you feel close to your parents? _____
100. If you have experienced the loss of a loved one, have you been able to grieve that loss? _____
101. Have your painful life experiences allowed you to grow spiritually? _____
102. Do you go out of your way or give your time to help others? Usually Sometimes Rarely Never _____
103. Do you have an awareness of life-energy/chi? Usually Sometimes Rarely Never _____
104. Have you experienced kundalini? _____
105. Do you experience depression? Usually Sometimes Rarely Never _____
106. Do you experience anxiety? Usually Sometimes Rarely Never _____
107. Have you been given a psychiatric diagnosis? Yes No _____
108. Have you had x-rays or an MRI of your spine? _____
109. Have you been in an accident or sustained any serious injuries, sprains or broken bones? _____

110. Have you had any surgeries? _____

111. Please list any herbs, nutritional supplements, or natural remedies you take regularly and the reason for taking them:

112. Have you consulted a physician or any other health care provider in the past 3 months? _____

113. If you take medications, please list them all, how long you've been taking them, and the reason for taking them:

1
2
3
4

114. Please use this space to express anything else that you feel would be helpful for us to know about you before you receive Emergence Care: _____

