

Minor Consent and Information Packet

(Please print, fill out, and bring to our first session)

Awakening Ministries
Kristy Peatrowsky Master Splanina Practitioner
(970) 581-0194
kristy.awakening@gmail.com
awakeningministries.us/healingwithkristy
2242 Breckenridge Dr., Berthoud, CO 80513

Client Informed Consent and Disclosure Statement

Theoretical Approach

My method of prayer work/pastoral care/performance work/coaching/support work is called Splankna. It is a biblically based protocol for trauma resolution. Mind-body/energy work utilizes the same system in the body that acupuncture and chiropractic are based on to resolve disturbing emotions that are stored in the body. The prevailing premise of Splankna work is that the flow and balance of the body's subtle, electromagnetic energies are important for optimal physical, spiritual, and emotional health and for fostering well-being. Splankna is designed to help get to the origin of an emotional issue with the goal of rapidly desensitizing the emotional stress connected to a past event. Splankna incorporates elements from several newly emerging energy-based self-help techniques. While utilizing energy techniques, Splankna work is faith-based and centered on prayer. Subsequently, it falls under the distinction of ministry. Traditional biblical principles are also incorporated such as confession, repentance and forgiveness.

Although energy techniques like Splankna appear to have promising emotional, spiritual, and physical health benefits, they have yet to be fully researched by the Western academic, medical, and psychological communities and therefore may be considered experimental. Energy techniques are self-regulated, and they are considered alternative or complementary to the healing arts. Because energy techniques are relatively new healing approaches, the extent of their effectiveness, as well as their risks and benefits, are not fully known. If you ever have questions or concerns about the nature of the theories, methods, approaches and/or techniques I use, please feel free to ask me for further resources or references.

Outcome Expectations/Risk & Benefits/Treatment Plan

Please note that it is impossible to guarantee any specific results regarding your goals using any of the approaches I offer in my practice. However, we will work together to achieve the best possible results for you. Our work together requires your very active involvement, honesty and openness in order to change your thoughts, feelings and/or behavior. You will have to participate both in and out of our sessions. I will ask for your feedback and views on our work and its progress and will expect you to respond openly and honestly. As with any intervention, there are risks associated with Splankna work. Risks might include remembering, talking about, or experiencing unpleasant events which

Awakening Ministries
Kristy Peatrowsky Master Splankna Practitioner
(970) 581-0194
kristy.awakening@gmail.com
awakeningministries.us/healingwithkristy
2242 Breckenridge Dr., Berthoud, CO 80513

results in uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, worry, etc., or experiencing anxiety, depression or insomnia, etc., or having difficulties with other people. Being confronted with your difficulties can be very challenging. Some changes may lead to what seems to be worsening circumstances or even losses (for example, significant emotional healing can disrupt marital stability).

In addition, if you choose to engage in Splankna work, emotional or physical sensations or additional unresolved memories may surface which could be perceived as negative side effects. You may experience some temporary emotional distress and physical discomfort related to prior life experiences as emotions are clearing. If we are to work together, we will need to specify methods, risks and benefits of treatments, the approximate time commitment involved, costs and other aspects of your particular situation. We will discuss a plan that seems most appropriate to help you reach your goals. However, regardless of our work together, you agree to take full responsibility for your self-care in the emotional, mental, physical, and spiritual dimensions of your life.

Other Important Information

Please be advised that I offer my services as Christian Ministry and that I am not a mental health professional and the approaches I offer are not intended to be a substitute for medical diagnosis or psychotherapy and they do not replace the services of a licensed physician or licensed psychotherapist. You agree and understand it is your responsibility to consult with your physician/psychiatrist for any specific medical problems. Further, you understand I may suggest you contact your physician or psychologist/psychiatrist if I believe it's advisable. In addition, you understand that any information shared during our sessions is not to be considered a recommendation that you stop seeing your physician or using prescribed medication, if any, without consulting with your physician/psychologist, even if after a session it appears and indicates that such medication or treatment is unnecessary.

Confidentiality will be maintained except for the following exceptions required by law to be reported: suspected harm to self or others, or suspected child or elder abuse.

Use of Touch

You understand the application of Splankna work includes light touch on the back of the wrist for muscle testing. Touch can be a potential problem in a support relationship if you feel it is inappropriate. If you have any misgivings, doubts, or any negative reactions to any

Awakening Ministries
Kristy Peatrowsky Master Splankna Practitioner
(970) 581-0194
kristy.awakening@gmail.com
awakeningministries.us/healingwithkristy
2242 Breckenridge Dr., Berthoud, CO 80513

physical contact, it is very important that you let me know as soon as possible so that we can discuss your concerns. You understand that you have a choice about these techniques involving touch.

Education and Training

2011 - Licensed Minister through Grace Place Church

2021 - Trained in Level 1 & 2 Splankna, Denver Colorado.

2022 - Trained as a Master Level Splankna Practitioner, Colorado Springs Colorado

Acknowledgment and Consent to Receive Services

By signing this document and any attachments hereto, you agree that I have disclosed sufficient information to enable you to decide to undergo or forgo any of the approaches and other services I offer. You understand that your consent to the nature of our sessions is given voluntarily, without coercion, and may be withdrawn at any time in the future. Further you understand that Splankna is a relatively new ministerial approach and the extent of its risks and benefits are not fully known and you agree to assume and accept full responsibility for all risks associated with experiencing Splankna work. You represent that you're competent and able to understand the nature and consequences of our proposed sessions and agree to be personally responsible for the fees related thereto. You have read and understand the above disclosure about the services offered by me and my training and education and you have discussed with me the nature of the services to be provided, and except in the case of gross negligence or malpractice, agree to release, indemnify, hold harmless and defend Splankna Incorporated and (your business name), their owners, managing partner, members, employees, representatives, and, consultants from and against any and all claims or liability, of whatsoever kind or nature, which you or your representatives may have, for any loss, damage or injury, including without limitation, physical, emotional, mental, financial, or spiritual, arising out of or in connection with your sessions.

Parent or Guardian's Signature

Date

Kristy Peatrowsky Master Splankna Practitioner

Date

Awakening Ministries
Kristy Peatrowsky Master Splankna Practitioner
(970) 581-0194
kristy.awakening@gmail.com
awakeningministries.us/healingwithkristy
2242 Breckenridge Dr., Berthoud, CO 80513

CLIENT INFORMATION SHEET

Minors Full Name _____ Phone (_____) _____

Parent or Guardian Name _____ Phone (_____) _____

Parent or Guardian Name _____ Phone (_____) _____

Parent E-Mail _____ Minor's Birth Year _____

Religious Preference _____

Parent's Marital History:

- Never married
- 1st marriage: Date(s) _____ Siblings with Spouse _____
- 2nd marriage: Date(s) _____ Siblings with Spouse _____
- If more than 2 marriages how many _____
- Minor is _____ adopted _____ being fostered
- Who has custody of minor child and how is custody divided _____

Mental/Physical Health Risks

- Has minor ever considered suicide? _____ If so, how recently? _____
- Have minor ever attempted Suicide? _____ If so, when? _____

Does minor suffer from

- Migraines
- Epilepsy
- Vertigo
- Autism
- ADHD
- Have an IEP or 504 Plan

Circle any of the following which is currently causing your minor difficulty:

- | | | |
|---|--------------------------------------|--------------------------------------|
| <input type="radio"/> Anxiety | <input type="radio"/> Self-concept | <input type="radio"/> My Past |
| <input type="radio"/> Depression | <input type="radio"/> Nightmares | <input type="radio"/> Marriage |
| <input type="radio"/> Phobia | <input type="radio"/> Demonic | <input type="radio"/> Parents |
| <input type="radio"/> Panic Attacks | <input type="radio"/> Addiction | <input type="radio"/> Dating |
| <input type="radio"/> Anger | <input type="radio"/> Cutting | <input type="radio"/> Divorce |
| <input type="radio"/> Sadness | <input type="radio"/> Health | <input type="radio"/> Step-family |
| <input type="radio"/> Hopelessness | <input type="radio"/> Sexual Problem | <input type="radio"/> In-laws |
| <input type="radio"/> Self-Control | <input type="radio"/> Sleep Trouble | <input type="radio"/> Friendships |
| <input type="radio"/> Grief | <input type="radio"/> Hearing Voices | <input type="radio"/> Career choices |
| <input type="radio"/> Suicidal thoughts | <input type="radio"/> Food | <input type="radio"/> Work |
| <input type="radio"/> Assertiveness | <input type="radio"/> Headaches | <input type="radio"/> Parenting |
| <input type="radio"/> Obsessiveness | <input type="radio"/> Energy | <input type="radio"/> Religion |
| <input type="radio"/> Concentration | <input type="radio"/> Abuse | <input type="radio"/> Finances |
| <input type="radio"/> Guilt | <input type="radio"/> Violence | <input type="radio"/> Legal Issues |

Awakening Ministries

Kristy Peatrowsky Master Splanina Practitioner

(970) 581-0194

kristy.awakening@gmail.com

awakeningministries.us/healingwithkristy

2242 Breckenridge Dr., Berthoud, CO 80513

What is minor father's main struggle with minor? _____

What is minor mother's main struggle with minor? _____

What is minor's birth order? (i.e. oldest, youngest, of how many, etc.), _____

How does parent/guardian hope the minor will be different if this work is successful? _____

What does minor hope to get out of this wok? _____

Statement Of Confidentiality

The Client-Practitioner relationship offers confidentiality in so far as allowed by the laws of the State of Colorado. Under certain conditions, the right to confidentiality is necessarily violated. Those conditions include the potential for suicide or homicide on the part of the client. Likewise, when there is reason to suspect that physical or sexual abuse has occurred to a child or an elderly person, the practitioner is required by law to report the situation to the Department of Human Services, division of Child Protective Services.

Thank you for completing this questionnaire.

Client Signature (If old enough to sign)

Date

Parent or Guardian Signature

Date

Minor Payment Agreement

I, _____ agree to pay the suggested donation of \$60 per 1 hour session and I understand that I will be responsible for this amount for any no-show/missed sessions or if the session is cancellation with less than 24 hours' notice of the appointment.

Parent/Guardian Signature

Date

Awakening Ministries
Kristy Peatrowsky Master Splanina Practitioner
(970) 581-0194
kristy.awakening@gmail.com
awakeningministries.us/healingwithkristy
2242 Breckenridge Dr., Berthoud, CO 80513

Consent for work with a Minor

I, _____, hereby authorize Kristy Peatrowsky, Master Splankna Practitioner, to provide (mind/body/spiritual) work/services to _____. (minor's name)

I attest that I am the sole/joint (please circle one) legal guardian of the above stated child and am legally and financially responsible for the above stated child. In the case of joint custody, both legal guardians are required to sign this consent form before a minor child can be seen for Splankna. Legal documentation of the custody/guardianship agreement is needed at the time of signing this consent form and before the minor child is seen in session.

Signature of parent or legal guardian

Date

Signature of parent or legal guardian (for joint custody)

Date

Signature of Practitioner
(Indicating that legal documentation has been received)

Date