**SPLANKNA CLIENT WAIVER**

**12825 Sycamore Ave. Grandview, MO 64030 (off Main/Highgrove)**

I want to thank you for trusting me with the issues you are facing, with your life and with your relationships. I take this responsibility seriously and prayerfully adhere to strict confidentiality. I know that choosing someone to help support you on your journey to wholeness is an important decision.

I am providing you with the following information so you can make an informed choice about engaging my services.  Please read this information carefully and let me know if you have questions or need something explained.

My method of coaching/support work is called Splankna Therapy.  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 Therapy incorporates elements from Thought Field Therapy, and Eye Movement Desensitization and Reprocessing and utilizes the Meridian system. Prayer is intertwined throughout the protocol with a deep emphasis on trusting the lead of the Holy Spirit.  Basic biblical principles are also incorporated such as confession, repentance and forgiveness.

Letting go of things and giving them to the Lord and hearing from the Lord can often accelerate freedom from old mindsets and trigger places. But it is not a magic pill, it is a process as we are creatures that are intertwined body, soul and spirit. The Lord created us to need repetition for lasting change. So homework may be encouraged to maintain what is received. I may make suggestions and referrals for other areas that could be obstacles to your journey.

I require a deposit of $50 for your Splankna Session at the time you schedule your session. If you have scheduled your session and have not made this deposit yet please do so at
[http://www.HisMosaic.com/deposit/](http://www.hismosaic.com/deposit/)

If you need to cancel your appointment, the deposit will be applied to your rescheduled

appointment. When paying the balance of your session at the time of your appointment, you can pay by check or credit card.

I am not set up to take insurance and am not licensed.

If you are male and you are not comfortable meeting with me alone, or your spouse isn’t comfortable, please let me know in advance and I will get another person to sit in, pray and observe.

My heart is for you to receive the Father’s perspective so you can walk into all He has made

you to be!

Laurie Morris Goddu

Certified Masters Splankna Practitioner *(Go to next page)*

**Please fill out your answers below. Print out and bring it OR**

**Email them to me at lauriegoddu@gmail.com by the day of your scheduled Splankna Session.**

You can either save this document as a word doc and email as an attachment, copy your answers in the body of an email or scan it and attach it to the email. Thanks!

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Age:\_\_\_\_\_ DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_\_\_\_\_\_\_\_\_\_ Religious Preference:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe your reason for seeking a session:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referred by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any health problems you are currently receiving treatment for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a seizure: Y / N

Marital History: Never Married\_\_\_\_\_\_ Divorced\_\_\_\_\_\_\_ # of Times\_\_\_\_\_\_\_

Widowed\_\_\_\_\_\_ Single\_\_\_\_\_\_ Married \_\_\_\_\_\_\_ How Many Years\_\_\_\_\_\_\_

Have you ever attempted suicide?\_\_\_\_\_\_\_\_\_\_\_\_\_ Presently struggling?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Go to next page)*

Type \* or circle any of the following that apply to you CURRENTLY

Anger Parenting

Anxiety Marriage Issues

Addictions Panic Attacks

Self-control Violence

Self-punishment Hopelessness

Sexual issues Compulsions

Grief Shame issues

Depression

Self-worth

Self-accusation

What is your most traumatic event in your life under age 18?

What is your most traumatic event in your life over age 18?

**DISCLOURES**

The Client-Practitioner relationship offers confidentiality in so far as allowed by the laws of the State of Missouri. Under certain conditions, the right to confidentiality is violated. Those conditions include: potential for suicide or homicide on the part of the client. Likewise, if there is suspicion of physical or sexual abuse occurring to a child, it is required that the Practitioner report it to the Department of Human Services, Division of Child Protective Services.

***Please be advised that I am not a licensed 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.***  I have a referral network and if we don't work together, I am happy to assist you with a referral for a licensed individual.

Although Techniques like Splankna Therapy 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.   It is considered to be alternative or complementary to the healing arts that are licensed in the State of Missouri.  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.

*(Go to next page)*

**Outcome Expectations**

**Please note that it is impossible to guarantee any specific results regarding your goals using any of the approaches I offer** and I cannot know how you will personally respond to any of the approaches.  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 along with the Holy Spirit's support and help.

Negative impacts might include remembering, talking about, or experiencing unpleasant events which results in uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, worry, etc.  Some changes may even lead to what seems to be worsening circumstances or even losses (for example, performance work can not necessarily keep a marriage intact.).

However we will be inviting the Holy Spirit to bring wisdom, grace and capacity for moving forward into new mindsets.

**Other Important Information**

You agree and understand it is your responsibility to consult with your physician/psychiatrist for any specific medical problems.  Further, 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.

**Use of Touch**

The application of Splankna Therapy includes light touch on the back of the wrist.   If you have any misgivings, doubts, or any negative reactions to any physical contact, it is very important that you let me know as soon as possible so that we can discuss your concerns.

**I have read the above and also understand that Laurie Morris Goddu is not a licensed medical professional. She is making no claims to** “**heal**” **or** “**fix**” **my problem but is using this modality in conjunction with the Holy Spirit to help move me forward in the area(s) of my struggle.**

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

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