ENRG – Natural Health Center

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

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

Practitioner: Jen Richards

 Ian Martin



# Session plan

# ***Session Information***

# ***Kinesiology – Muscle test***

**Assessment**: At the beginning of the session, your practitioner will perform a 14 meridian ‘assessment’ At a kinesiology appointment your practitioner will correct imbalances when they show up, however, at a physiospect appointment, we use the information to target the physiospect analysis to the areas that show up.

# ***Physiospect - Analysis***

The Physiospect analyses the quality of the cells and generates a report that can be considered from a frequency, emotional and nutritional perspective.

* **Frequency**: Auto-therapy – the physiospect can run a frequency through the chosen organs and cells to improve the quality and the frequency in the corrupted cells. This helps with the repair and regeneration of the cells as they go through their normal life and apoptosis cycle.
* **Emotional**: Emotional trauma profoundly impacts physical health, illustrating the intricate mind-body connection. Research reveals that unresolved emotional stress can lead to various physical conditions, from chronic pain, inflammation and dis-ease in the body. Acknowledging this link is pivotal for holistic well-being and comprehensive healthcare approaches. It has been written by [Dr. Ryke Geerd Hamar](https://learninggnm.com/home.html), that specific emotions reside in particular organs. By using the physiospect report as a guide, these affects can be explored throughout the session, aligning with the holistic approach to health.
* **Nutritional**: Most people are aware that the body requires good nutrition to function optimally, in the absence of the full complement of nutrients the body cannot detoxify efficiently and run the systems as well as it should. When this happens, ‘dis-ease’ may occur and show up in the form of pain, inflammation, fatigue, mental stress and many other symptoms. Using the physiospect report as a reference, we can suggest nutritional options that may improve the body’s ability to resolve this.

14 Meridian Assessment

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |  |
| Central |  |  |  |  |  |  |  |  |  |  |
| Governing |  |  |  |  |  |  |  |  |  |  |
| Stomach |  |  |  |  |  |  |  |  |  |  |
| Spleen |  |  |  |  |  |  |  |  |  |  |
| Heart |  |  |  |  |  |  |  |  |  |  |
| Small intestine |  |  |  |  |  |  |  |  |  |  |
| Bladder |  |  |  |  |  |  |  |  |  |  |
| Kidney |  |  |  |  |  |  |  |  |  |  |
| Circ/Sex |  |  |  |  |  |  |  |  |  |  |
| Triple Warmer |  |  |  |  |  |  |  |  |  |  |
| Gall Bladder |  |  |  |  |  |  |  |  |  |  |
| Liver |  |  |  |  |  |  |  |  |  |  |
| Lung |  |  |  |  |  |  |  |  |  |  |
| Large intestine |  |  |  |  |  |  |  |  |  |  |

*Physiospect report*:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |  |
| Central |  |  |  |  |  |  |  |  |  |  |
| Governing |  |  |  |  |  |  |  |  |  |  |
| Stomach |  |  |  |  |  |  |  |  |  |  |
| Spleen |  |  |  |  |  |  |  |  |  |  |
| Heart |  |  |  |  |  |  |  |  |  |  |
| Small intestine |  |  |  |  |  |  |  |  |  |  |
| Bladder |  |  |  |  |  |  |  |  |  |  |
| Kidney |  |  |  |  |  |  |  |  |  |  |
| Circ/Sex |  |  |  |  |  |  |  |  |  |  |
| Triple Warmer |  |  |  |  |  |  |  |  |  |  |
| Gall Bladder |  |  |  |  |  |  |  |  |  |  |
| Liver |  |  |  |  |  |  |  |  |  |  |
| Lung |  |  |  |  |  |  |  |  |  |  |
| Large intestine |  |  |  |  |  |  |  |  |  |  |

Waiver of liability agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge that I have voluntarily chosen to participate in a kinesiology and/or Physiospect and/or iTeraCare Wand session offered by the practitioners at ENRG – natural health centre. I understand that these modalities involve the assessment of my body's energy flow through muscle testing and/or bio resonance, aiming to identify potential imbalances and stressors affecting my well-being.

I acknowledge that the session is not a substitute for medical diagnosis, treatment, or advice. I have been informed that ENRG – natural health centre does not offer medical diagnoses, prescribe medications, or provide medical treatments. Any guidance or insights provided during the session are intended for holistic well-being and self-awareness purposes only.

I am aware that the session may involve gentle physical touch and manipulation of my limbs for muscle testing. I understand that my comfort and boundaries will be respected throughout the session, and I have the right to decline any technique or procedure that makes me uncomfortable.

I release the practitioners at ENRG – natural health centre and any associates from any claims, liabilities, or damages arising out of or relating to the session. I understand that the results of the session are not guaranteed, and I take full responsibility for any actions I choose to take based on the information provided during the session.

I have read and understood this waiver fully, and I freely consent to participate in the kinesiology session under the terms outlined above.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If signing physically)

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

**For participants under 18 years of age:**

I, as the legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_], consent to the terms outlined in this waiver on their behalf.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If signing physically)

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_