



G A Y L E R A Y

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**AKASHIC RECORDS AND OTHER HEALING MODALITIES CONSULTATION CONSENT FORM**

During our work together we will be accessing your Akashic Records and letting them guide us as to any other healing modalities that we may use that support your healing. The Akashic Records are a dynamic reservoir of information including every thought, word, deed, emotion, and intention of your soul throughout all lifetimes.

Accessing your Records:

- Enhances your intuition & ability to channel.
- Gives you a greater understanding of your life purpose, career direction, and how to live in harmony with others and nature.
- Connects you to your own inner wisdom.

The Akashic Alliance Method to Open is a seven-step method. Part of it is said verbally and part is done energetically. Please note you will be going into your Records with me as I open your Records. You will be alert, aware, and have your eyes open. I encourage you to listen objectively and ask further questions of your Records as they come to you. Once your Records are open, I will ask you to read all questions under your first topic and we will continue from there.

Other healing modalities I use are Emotion Code, Inception Point Therapy, and BioField Clearing. I have been certified in each of these. They all involve emotional release work to support healing and growth.

All communications between us are kept in strict confidence unless I have your written consent to do otherwise. Please use your discernment and share this information from your Records only with those who will hold it in sacred trust.

Akashic Consultation is for the purpose of relaxation, creating peace, and transformation. You and your Records and Source do any healing.

Please complete and sign below to indicate you have read this document. This gives me your formal consent to open your Akashic Records and work with you them and other healing modalities to support your healing and growth.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone(s) \_\_\_\_\_ daytime \_\_\_\_\_ cell \_\_\_\_\_

Email \_\_\_\_\_