

GATEWAYS QUANTUM CENTER

GATEWAYS SESSION APPLICATION

Practice Member Name _____

Date of Birth _____

QUANTUM CHIROPRACTIC is chiropractic care and body-work performed intentionally within a heightened state of awareness & connection in the quantum field) transformational healing & experiences.

GATEWAYS SESSIONS & GATEWAYS IMMERSIONS are longer-flow visits. Please circle the session duration you desire: 45 min. / 90 min / half-day Immersion. Every session is unique with the goal of supporting your physical, emotional, mental, and spiritual “bodies” and their coherence with each other and your highest potential & life & healing goals. Gateways Sessions may include, but are not limited to:

- **Chiropractic Care** – spinal-specific adjustments to address structural stress and nervous system health. This may include cranial work (gentle, specific releases for the bones & tissues of the head, face, & mouth).
- **Facial unwinding & other Hands-On Techniques** – hands-on releases of the muscles and connective tissues of the body.
- **Acupuncture** – the use of needles, gentle electric stimulation, or both, to assist with the balance and circulation of energy (or Qi) in the body.
- **Nutritional Coaching & Digestive Health Consultation** – this may include a full functional health evaluation and the recommendation of nutritional changes, lifestyle changes, and other supplementation.
- **Neuro-Emotional Technique** – a mind-body technique that may help to normalize the physiology related to emotional responses and traumatic events.

As we travel deeper into ‘the Field,’ expanded data points and intuitive information and new awarenesses often present. This layer of work may include, but is not limited to: Intuitive messages, intuitive body-work, tapping, affirmations, breathwork, movement, aromatherapy, essential oils, sound-healing, vocalizing tones and other sounds, blessings, prayers, activations, downloads/uploads, attunements, and anointings.

Emotional releases, sweating, transient pain patterns as energy moves, and other types of physical releases are common. Keeping an open heart and mind is important to get the most out of your session.

Dr. Mackenzie may touch different parts of the body – temperature changes, unusual sensations, and spontaneous movement may be experienced. If there is any part of your body that hurts or is triggering to have touched, PLEASE LET HER KNOW in advance, and/or in the moment.

We set intentions before each session. Common healing intentions often include concepts around:

- Known traumas
- Limiting belief systems
- Ancestral trauma & releases
- Past-life / Archetypal energy healing, soul-retrieval
- Organ / visceral release / energy, emotions, or patterns that feel ‘stuck’ in the body and aren’t responding to other types of care
- Inner child work
- Re-birth experiences
- Connection to earth energies, cosmic energies, angelic frequencies, and more.

Dr. Mackenzie may recommend dietary changes, nutritional support, supplements, lifestyle changes, and various exercises to support your work and process. It is important for you to follow these recommendations for integration, healing, and your transformative work. _____ I understand and agree. (Initial)

It is important you understand that this is NOT a “reading”, psychic experience, mediumship, magic(k), any type of outside-in experience, or someone else healing or doing your work for you. Dr. Mackenzie meets you and your higher self within the field to assist you in doing **your own work**, healing, and expansion. She is NOT your healer. You are. _____ I understand and agree. (Initial)

It is important that you DO NOT come to a session under the influence of any drugs, alcohol, or psychoactive substances, including cannabis. _____ I understand and agree. (Initial)

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WHAT CALLS YOU TO A GATEWAYS SESSION / IMMERSION?

**if you aren't comfortable writing some things down, that's okay, please write: "discuss in person"*

What is the reason you are applying for a Gateways Session / Immersion? _____

What are your intentions for your Gateways Session / Immersion?... (In order of priority) _____

Please tell us what you're working through, what you've tried/done so far, and what we need to know about you and your path so far (including major triggers if present):

During sessions, sometimes God / Angels, and other similar concepts come up. Are you comfortable with that? Do you prefer another name for Source / Creator / Great Spirit...? _____

What are your current self-supportive practices?

- Movement, Exercise, Breathwork, Body-Care – _____
- Nutrition, Diet, Supplements – _____
- Sleep, Rest _____
- Creativity/How do you like to create (art, music, dance, writing etc.) – _____
- Spirituality – _____
- Community / Connection with Others _____

You will likely receive body-work and physical care, that may include traditional chiropractic care. With that in mind, please inform us of any physical issues or painful areas that haven't been listed elsewhere: _____

I consent to experiencing a new practice member consultation, evaluation, and hands-on care during a Gateways Session / Immersion at Gateways Quantum Center.

Practice Member/Guardian Signature

Date

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