



Shira Oz-Sinai, Certified Soul Lightening® Clinical Acupressure Practitioner & iRest® Yoga Nidra Teacher
 The Spectrum Center for Natural Medicine, 8555 16th Street, Suite 402, Silver Spring, MD 20910
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Informed Consent for Acupressure Services

The style of acupressure that Shira Oz-Sinai practices follows the teachings of Soul Lightening Acupressure and involves light finger pressure to acupoints, which are specific places on the physical body that act as windows to a person’s energetic system. The underlying principle of this energywork is that energy weaves through the physical, emotional, mental, and spiritual aspects of the body. By inviting the energetic system to calibrate and balance through pressing on certain acupoints, we invite the whole being into harmony, well-being, and optimal health; this often means reducing pain or dis-ease, releasing the beliefs and emotions that produce unhelpful behaviors, and freeing the energetic patterns in the body that hold them in place.

Soul Lightening Acupressure (SLA) refers to a type of acupressure developed by Dr. Aminah Raheem (*Soul* here refers to the client’s inner wisdom or unique essence and not to any religious belief or spiritual dogma). SLA integrates fundamentals of Chinese medicine and ancient teachings with contemporary methods and differs from other forms of acupressure in intention and technique of touch. In SLA the practitioner applies light pressure using a curved finger on acupoints of the body, holding at least two acupoints at one time.

Often, this light touch is accompanied by a voluntary dialogue that seeks to identify and welcome your experience. You are empowered to choose the pace and depth of your session at all times. You do not need to answer any question during a session. Please feel free to ask any questions at any time, to express any discomfort you may feel, or to receive the session in silence. If at any time you wish to stop or discontinue a session, you may do so.

Even though clients who have received this energywork often report relief of symptoms, Shira Oz-Sinai does not profess to be able to cure specific medical conditions. SLA is a gentle and simple way to enhance health, personal awareness, and growth. It is effective on its own or with other forms of bodywork, acupuncture, psychotherapy, meditation, yoga, and more.

By signing below, I affirm that I understand that Shira Oz-Sinai is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session(s) be constructed as such.

SLA does not involve touch of any sexual organs, removal of any clothes, nor is it physically deep or abrasive. Any illicit or sexually suggestive remarks or advances made by the client will result in immediate termination of the session, and the client will be liable for payment for the full scheduled appointment.

I have read, understand, and agree to participate in this style of acupressure session.

(If client is under 18 years of age, parent/guardian’s name and signature is required below. Please print minor’s name under signature)

 Name Signature Date



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Soul Lightening Acupressure addresses the whole you. Please consider answering the following questions. If any of these make you feel uncertain/uncomfortable, please skip the question(s) or the entire form.

How many hours of sleep do you get (on average)? _____ How many hours is your ideal? _____

What activities do you engage in frequently and regularly in a typical week? _____

Do you live alone or with others? _____ If others, please indicate with whom: _____

Do you suffer from stress frequently? Yes / No Are you able to identify the cause(s)? Please describe.

Do you feel that you have a support network? If yes, can you describe who/what it consists of?

Do you have a spiritual practice? _____ If yes, what is it? _____

Do you currently have any tension or soreness in any specific area? Please describe.

Are you sensitive to touch/pressure in any area (other than sexual organs)? Is there any area that you prefer not to have touched during the session (any area indicated can be accessed with breathwork and attention as an alternative)? _____

Please describe any current medication, herbs, surgeries, broken bones, injuries or traumas that you'd like to share with Shira (please include type of injury/surgery and part of the body affected):

Are there any other medical, emotional, mental or spiritual conditions you'd like to share with Shira?

Do you have any concerns you'd like to discuss with Shira? _____

(Please use back of page if you need more room for your answers)