

## Information Form

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

Name: \_\_\_\_\_  
Last First Middle

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

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

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Email Preferences:  Do not add me to Sensology email list.

Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_

Occupation: \_\_\_\_\_

Number of Children?: \_\_\_\_\_

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

\_\_\_\_\_  
Client Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date Signed

## Fee Agreement

### Payment for Sessions

Payment for services rendered will be charged as follows:

(Please initial all.)

\_\_\_\_\_ I agree to pay \$75 for a 15-minute Sensology session.

\_\_\_\_\_ I agree to pay \$150 for a 30-minute Sensology session.

\_\_\_\_\_ I agree to pay \$225 for a 45-minute Sensology session.

\_\_\_\_\_ I understand that this amount is payable at the time that services are rendered.

### Text or Email Requests

Text: (248) 320 – 1938

Email: [DRLaike@protonmail.com](mailto:DRLaike@protonmail.com)

Payment Link: <https://buy.stripe.com/aEUdUqaxOekX1UY28b>

\_\_\_\_\_ Upon receiving a request or question, Kiera will text or email back the amount of time needed to complete the work. Client may then approve the work by making a payment.  
Or, if client decides they do not want the requested service, do not complete payment. Nonpayment will be understood to mean the service or request is no longer needed.

<u>Time</u>	<u>Billed at</u>
5 minutes	\$25.00
10 minutes	\$50.00

### Late Cancellation Fee

\_\_\_\_\_ Failure to provide twenty-four (24) hour notice of cancellation of a session will result in the retention of **original scheduling fee** charged which must be paid prior to rescheduling.

### Accepted Payment Methods



Cash

Venmo: @Kiera-Laike

Checks: Payable to BSEI, 31396 Northwestern Hwy Ste C,  
Farmington Hills, MI 48334

Credit Card: <https://buy.stripe.com/bIYeYugWcdgT1UY7su> or scan the attached QR code.

\_\_\_\_\_  
Signature of client or responsible person

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

(Note: If fees present a barrier to services, please discuss with Kiera D. Laike by phone or in person.)

## Informed Consent for Sensology Services

I/we the undersigned certify that the type of treatment I/we will receive was developed out of the Theory and Practice of Sensology. Sensology treatment and practice is based on all matter is compressed light. The fields that compress the light consist of Dark Matter and Dark Energy. Dark Matter and Dark Energy comprise 96% of the Universe. Theories and practices brought into being without an awareness or understanding of the 96% of the Universe will be missing 96% of what is. Sensology treatment encompasses knowledge from science, medicine, and quantum physics yet it is not these.

I/we have been informed that Sensology services have no association with any currently licensed profession and are therefore not reimbursable through any insurance coverage.

My/our responsibility in the treatment is to self-disclose to the extent that I/we are able, attend sessions, complete homework assignments, and participate in exercises that I/we are able to do.

I/we also understand that the result of such treatment cannot be guaranteed or warranted. My/our treatment plan will be developed jointly with an Sensology Practitioner. I/we agree with this approach and I/we voluntarily consent to treatment.

**Litigation Limitation:** All information in the session is confidential. Confidentiality may be broken if there a situation arises that is life threatening to the client or other. Due to the nature of the treatment process and the fact that it often involves making a full disclosure with regard to many matters which may be of a confidential nature, it is agreed that should there be legal proceedings (such as, but not limited to divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Kiera Donna Laike to testify in court or at any other proceeding, nor will a disclosure of the treatment records be requested.

**Emergency Procedures:** If you need to contact your practitioner between sessions, please send a text message and your message will be answered as soon as possible. If you feel it is a life-threatening emergency, contact emergency services in your area or call 911. If you feel it is an emergent issue, please ask for a 15-minute session with one of the certified practitioners in the Sensology Institute.

My Practitioner has gone over these documents with me and I have been given opportunity to ask questions about them. I understand I can raise questions about these documents at any time during my treatment and/or healing. It is my intention to enter into treatment and/or healing sessions, using the Theory of Sensology, with Kiera Donna Laike under the guidelines of the above stated information.

**Work requested or needed between sessions:** Sessions are often scheduled at intervals of two to six weeks. If the need should arise for services (remote work or text requests) between sessions, please request and pay for services at the <https://buy.stripe.com/aEUdUqaxOekX1UY28b>.

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Client Signature

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Date

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Please clearly print your full name