

# SOUND HEALING INTAKE FORM

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

Parent/guardian (if under 18:) \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Any medical conditions: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Have you ever had a sound healing: \_\_\_\_\_

Do you have a particular area of concern: \_\_\_\_\_

Any sounds/instruments you do not like: \_\_\_\_\_

Are you sensitive to fragrance (incense/oils): \_\_\_\_\_

Any additional information you would like to share: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

It is my choice to receive A vibrational sound therapy and I understand that the practitioner will be using gentle sound and vibration during the sessions on/around me. I have completed this form to the best of my knowledge. I understand that practitioners do not diagnose illness, disease, or physical or mental disorders, nor do they prescribe medical treatments or pharmaceuticals. I acknowledge that these sessions are not a substitute for medical examination or diagnosis, and that is recommended I see a primary health care provider for those services.

By signing below, the above terms and conditions are accepted and agreed upon:

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

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

(If under 18)

No information about the client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is under 18.