

# SUBTLE SHIFTS SOUND HEALING INTAKE FORM

(You only have to do this once and then I'll have it on file)

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

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

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

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

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

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

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

Do you have a pacemaker, metal in the body, cancer? \_\_\_\_\_

Do you use an insulin pump? \_\_\_\_\_

Are you pregnant? (If yes, which trimester) \_\_\_\_\_

Do you have a particular area of concern (mental and/or physical):

\_\_\_\_\_  
\_\_\_\_\_

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

Any sounds or instruments that you don't like: \_\_\_\_\_

Are you ok with loud noises? \_\_\_\_\_

Are you ok with a bowl being placed on you? \_\_\_\_\_

Are you ok with me playing an instrument over you? \_\_\_\_\_

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

Any body parts to avoid? \_\_\_\_\_

Can you lie on your stomach and back? \_\_\_\_\_

Any additional information that you would like to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about me? \_\_\_\_\_

It is my choice to receive a vibrational sound bath session and I understand that the practitioner will be using gentle sound and vibration near me during the session. Depending on my answers above, the practitioner may also use gentle sound and vibration on, over, & around me during that session. 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 (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

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.