

# Quantum Biofeedback Intake Form

## Session Details

Date:

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Session Type:

☐ In-Person

☐ Remote (Subspace)

Referred by:

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## Personal Information

Full Name:

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Date of Birth:

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Age:

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Phone Number:

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Email Address:

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Address:

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## Emergency Contact (Optional)

Name:

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Relationship:

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Phone Number:

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## Health & Wellness Overview

## Quantum Biofeedback Intake Form

Primary intentions or concerns for this session:

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Do you have a current diagnosis or medical condition?

☐ No

☐ Yes -> Please describe:

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Are you under care of a physician, therapist, or practitioner?

☐ No

☐ Yes -> Name/Specialty:

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Past traumas, surgeries, or accidents:

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Currently taking medications or supplements?

☐ No

☐ Yes -> Please list:

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### Terrain & Lifestyle Self-Assessment (1 = low, 10 = optimal)

Energy & Vitality: \_\_\_\_\_

Sleep Quality: \_\_\_\_\_

Digestion / Elimination: \_\_\_\_\_

Emotional Balance: \_\_\_\_\_

Mental Clarity: \_\_\_\_\_

Immune Strength: \_\_\_\_\_

Hormonal Balance: \_\_\_\_\_

Stress Level: \_\_\_\_\_

Nervous System Regulation: \_\_\_\_\_

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**Spiritual Connection:** \_\_\_\_\_

## Self-Care & Environment

Do you engage in:

- ☐ Meditation
- ☐ Movement/Exercise
- ☐ Breathwork
- ☐ Energy Healing
- ☐ Prayer / Spiritual Practices

Do you consume regularly:

- ☐ Caffeine
- ☐ Alcohol
- ☐ Recreational Substances
- ☐ Tobacco

Are you sensitive to EMFs?

- ☐ No
- ☐ Mildly
- ☐ Yes

Any implanted electronic devices (e.g., pacemaker)?

- ☐ No
- ☐ Yes -> Please specify:

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## Spiritual Intention & Prayer

What is your prayer or intention for this session?

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## Consent & Understanding

Please check to acknowledge your understanding:

- ☐ I understand that Quantum Biofeedback is not a medical diagnosis or treatment.
- ☐ This session is for stress detection, energetic balancing, and wellness support.
- ☐ I take full responsibility for my health choices and healing process.
- ☐ I consent to this session with an open heart and mind.

Signature:

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Date: