

Star 2 Earth Energetic Health Client Intake Form

Name: (Please Print) _____

Phone and Email: _____

Address: _____

Emergency Contact: _____

Are you currently under the care of a physician? ____ Yes ____ No

If yes, physician's name and phone number: _____

Are you sensitive to perfumes or fragrances? _____

Are you sensitive to touch or sound? _____

I understand that Bio-Energetic Alchemy and Sound Therapy sessions are gentle, non-invasive energy based techniques that are used for stress reduction and relaxation. I understand that these sessions **DO NOT** take place of medical care. It is recommended that I see a licensed physician / healthcare provider for any physical or psychological ailment I may have. I understand that services provided by Star 2 Earth Energetic Health can complement any medical or psychological care I may be receiving. I also understand that the body has the ability to heal itself and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body sometimes require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Disclaimer and Contraindications to Vibrational Sound Therapy

- There are certain illnesses, conditions, and circumstances that might require completely avoiding singing bowls or participating in sound therapy where singing bowls and tuning forks are used. If you find that you have one or more of these conditions but are still interested in the healing effects of singing bowls, you should consult your doctor before use.
- Certain neurological disorders will foreclose the use of singing bowls. For example, if you have epilepsy, you should not attend a sound therapy session where singing bowls are used. If you wish to do so, it is necessary to get your doctor's permission as well as be prescribed the correct anti-epileptic medication. If you have Parkinson's disease and have a deep brain stimulation device (DBS) to treat your illness, you should not use singing bowls. If you have a neurological disease other than these, please contact your physician to be sure that you can receive sound therapy with singing bowls.
- Please consult your doctor if you have any heart conditions, the presence of metal inside the body, are sensitive to sound or sensory stimulations, experiencing mental health issues, hearing impaired or deaf or are currently pregnant.

I AGREE TO:

- Raise any questions or concerns about anything I do not understand.
- Consider any suggestions that the practitioner may raise concerning referrals to other health care practitioners, homework, or my desired focus/introspection.
- Take full responsibility for my own health care.
- Give consent to Stacey Fredriksen to conduct a session to balance my energy system. I acknowledge that this could involve touch and I can request otherwise.

WHAT TO EXPECT:

We may work on your body or above your body, so please let us know if there are any areas that you do not want work done. If you do not wish to be touched please let us know. Our work is intuitive so we feel the energy and work where the energy is stagnant, deficient, stuck or unbalanced. You may feel many different results such as heat or cold, shivers, nausea, headache, relaxation, release, relief, etc. You may also feel nothing at all. Any reactions can happen immediately or even months later. No reaction is positive or negative, it purely is. It may mean something to you right away or it could be a mystery for a while. Both are normal. We find that energy medicine has a cumulative effect, so when you treat yourself to regular sessions, better health and well-being are natural outcomes. At the end, we will check in about anything that came up for you during the session.

I have read the above statements and I understand and agree with them. My purpose to seeking the advice of Stacey Fredriksen is done so for educational purposes only.

I understand that Stacey Fredriksen does not diagnose illness, disease, or mental disorders nor does she prescribe medical treatment or pharmaceuticals. It has been made clear that my session is not a substitute for medical examination or diagnosis and that it is recommended that I see a medical doctor for any physical or mental ailment.

I agree that Stacey Fredriksen cannot be held liable for any problems that might arise that I think could be attributed to the energy healing or sound therapy healing session. I have stated all of my known medical conditions to Stacey Fredriksen and if necessary I will keep her updated on my physical, mental, and emotional health. I acknowledge that Stacey Fredriksen practices for the purpose of providing mental/emotional/physical and spiritual support using multiple techniques. I attest that I understand the nature of the session and freely elect to receive the techniques. I release Stacey Fredriksen from any and all claims of malpractice, non-disclosure, or lack of informed consent.

By placing an "x" in the box above and entering your name, you agree to the Informed Consent.

Signature: _____ Date: _____

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

