

Ostara Yoga and Wellness

Sound Healing

Client Intake Form

Please fill out this New Client Assessment form prior to your appointment and send it back at least 5 days in advance to (julie@ostarayogaandwellness.com). If the form is received on the day of our meeting, we may need to spend time reviewing it, which may take time away from your healing session.

If you need to reschedule or cancel your appointment, please notify me 24 hours in advance to avoid a cancellation fee. Any sessions cancelled within 24 hours, will incur the full session fee.

By placing an “x” in the box above and entering your name, you agree to the Cancellation Policy for this session and future sessions. This is required for any and all sessions booked.

INFORMED CONSENT FORM

The United States of America currently has no licensing policy in regard to Sound or Energy Healing, and (Julie@OstaraYogaandWellness) is not a licensed Medical Doctor or therapist. She does not deal with drugs, nor does she issue a diagnosis or suggest cures.

Her purpose is simply to provide a safe space for her clients to experience healing through natural processes. She considers the use of sound, energy, essential oils, crystals and any other natural healing modality as a way to encourage the body to get back to optimal functioning and understands that everyone reacts to these methods differently. She makes no claims for their medicinal actions, nor does she cite scientific evidence. Any information offered is done so on the basis of personal experience and traditional uses.

Her clients agree to make their own choices as to what they do with the educational material they have been offered and are solely responsible for their own decisions and actions. It is always her recommendation to seek out the advice of a licensed health care professional whenever a client feels it is necessary in regards to their own personal health, especially with serious conditions. Clients need to consult with their physician and get approval to attend healing sessions if they have metal in their bodies, suffered concussions, have a pacemaker, use an insulin pump etc. ... If in doubt, consult your physician before our time together.

I understand that:

- An assessment will be conducted to determine the general health of my energy system.
- Any suggestion made by (Julie @OstaraYogaandWellness) is to assist my body's natural ability to achieve a balanced state.
- The goal of my session will be identified as part of the initial process and I understand that I will have input as well as give intent and permission for it.
- These sessions are not meant to replace treatment by established medical practices, but I understand that they can complement them.
- There are no guarantees as to the results of treatment .
- (Julie @OstaraYogaandWellness) is not a licensed physician and will neither diagnose nor prescribe any condition, nor does she make any specific claims regarding results from the sessions that I receive. Nothing in the work (of Julie @OstaraYogaandWellness) is considered the practice of medicine.

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 (Julie @OstaraandWellness) to conduct a session to balance my energy system. I acknowledge that this could involve touch and I can request otherwise.

WHAT TO EXPECT

In general, a typical session begins with short assessment to discuss your concerns, thoughts or questions. During the session you will be lying down. While I will try to make you as comfortable as possible, if you have specific needs, please bring your own pillow or blanket.. I will make every effort to assure that you feel safe and comfortable.

I may work on your body or around 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 me know. Sound Healing is intuitive so I may 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. A reaction may 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 reveal itself to you at a later date. Both are normal. Energy medicine has a cumulative effect, so when you treat yourself to regular sessions, better health and well-being is the goal . At the end of the session, I will check in with you 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 is to seek the advice of (Julie @OstaraYogaandWellness) and it is done so for educational purposes only. I understand that (Julie @OstaraYogaandWellness) does not diagnose illness, disease, or any mental disorder. 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 (Julie @OstaraYogaandWellness) cannot be held liable for any problems that might arise that I think could be attributed to the energy healing session and I have stated all of my known medical conditions to (Julie @OstaraYogaandWellness) and if necessary I will keep her updated on my physical, mental, and emotional health. I acknowledge that (Julie) practices for the purpose of providing mental/emotional/physical and spiritual support techniques. I attest that I understand the nature of the session and freely elect to receive the techniques. I release (Julie @OstaraYogaandWellness) 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.

HEALTH PROFILE

Name:	Age:	
Phone #: (HOME)	(CELL)	
Preference: <input type="checkbox"/> Home <input type="checkbox"/> Cell		
Full mailing address:		
E-mail Address:	Referred by:	
Date of Appointment:	Day of Week:	Time:

What is your current health goal/what do you hope to get out of this session?

AREAS OF CONCERN:

In this section, list your main issues and rate them by severity **on a scale of 1-10, with 10 being the most severe.**

Please note that we will address as many issues as possible, but it's often best to deal with fewer at a time. This is why booking multiple sessions is important.

Issue	Severity

What do you believe is/are the cause(s) of these issues?

What have you done thus far to help alleviate these issues?

Are you currently under the care of a physician? If so, what for?

What are your most pressing current physical and emotional health issues (acute and chronic)?

Any past accidents? Operations?

Do you have any specific spiritual practice?

Anything else you think I should know?

Allergies		
Do you have allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, to what?
Medication or herb allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, to what?
Food allergies	<input type="checkbox"/> No	<input type="checkbox"/> Yes, to what?
Sensitive Skin?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, to what?

Emotional Checklist
Put an X next to each statement that corresponds to the way you often feel.
<input type="checkbox"/> Anxiety and feeling overwhelmed or stressed, especially anxiety felt in the body, or physical anxiety
<input type="checkbox"/> Feeling worried or fearful
<input type="checkbox"/> Have intrusive thoughts, have an overactive brain, or have unwanted thoughts – especially thoughts about unpleasant memories, images or worries
<input type="checkbox"/> Panic attacks
<input type="checkbox"/> Unable to relax or loosen up

<input type="checkbox"/> Stiff or tense muscles
<input type="checkbox"/> Feeling stressed and burned-out
<input type="checkbox"/> Obsessive thoughts or behaviors
<input type="checkbox"/> Perfectionism or being overly controlling
<input type="checkbox"/> Irritability
<input type="checkbox"/> Winter blues or seasonal affective disorder
<input type="checkbox"/> Negativity or depression
<input type="checkbox"/> Excessive self-criticism
<input type="checkbox"/> Craving carbs, alcohol, or drugs for relaxation and calming
<input type="checkbox"/> Low self-esteem and poor self-confidence
<input type="checkbox"/> PMS or menopausal mood swings
<input type="checkbox"/> Hyperactivity
<input type="checkbox"/> Anger or rage, agitated easily or irritated
<input type="checkbox"/> Digestive issues
<input type="checkbox"/> Fibromyalgia, temporomandibular joint syndrome, or other pain syndromes
<input type="checkbox"/> Difficulty getting to sleep
<input type="checkbox"/> Insomnia or disturbed sleep
<input type="checkbox"/> Lack of energy
<input type="checkbox"/> Lack of focus
<input type="checkbox"/> Lack of drive and low motivation
<input type="checkbox"/> Attention deficit disorder
<input type="checkbox"/> Heightened sensitivity to emotional pain
<input type="checkbox"/> Heightened sensitivity to physical pain
<input type="checkbox"/> Crying or tearing up easily
<input type="checkbox"/> Eating to soothe your mood, or comfort eating