

CLIENT INTAKE FORM

NAME: _____

We appreciate you taking the time to review this information, complete the enclosed form and supply us with the items requested below.

***Please fill out this New Client Assessment form prior to your session and send it back at least 5 days in advance to Faith@Vibrantly-Aging.com .
Or COMPLETE THIS ONLINE VIA DOCUSIGN.***

If the form is received the day of our meeting, we may need to spend time reviewing it, which takes time away from your healing session.

CANCELLATION POLICY

If you need to reschedule or cancel your appointment, please notify us at least 48 hours in advance to avoid a cancellation fee.

Any sessions cancelled within 48 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 Vibrantly-Aging is not a licensed Medical Doctor or therapist. I do not deal with drugs, nor do I issue a diagnosis or suggest cures.

My purpose is simply to provide a safe space for my client to experience potential healing and relaxation through natural processes. I consider the use of sound, energy, herbs, essential oils, crystals and any other natural healing modality as a way to encourage the body to get back to optimal functioning and everyone reacts to these methods individually. I make no claims for their medicinal actions, nor do I cite scientific evidence. Any information offered is done so on the basis of personal experience and traditional uses.

My 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 my recommendation to seek out the advice of a licensed health care professional whenever they feel 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, and the like. If in doubt, consult your physician before our time together.

Some issues such as suicidal thoughts or late-stage cancer are beyond the scope of my expertise and I would advise you to seek outside help.

I understand that:

- Any suggestion made by Vibrantly-Aging will be to assist my body's natural ability to achieve a balanced relaxed state, to the extent that my body or my highest knowing will allow
- By my attendance to the session, I understand that I give my permission for Vibrantly-Aging to perform a Sound Bath consisting of Crystal Singing Bowls and other sound tools to introduce relaxation and calm.
- These sessions are not meant to replace treatment by established medical practices, and can complement them.
- There are no guarantees as to the results of treatment
- Vibrantly-Aging 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 Vibrantly-Aging does is considered the practice of medicine.

I agree to:

- Raise any questions or concerns about anything I do not understand.
- Take full responsibility for my own health care.
- Give consent to Vibrantly-Aging to conduct a session to introduce relaxation.

WHAT TO EXPECT

In general, a typical session begins with a short guided meditation and breathwork. During the session you can choose to sit or lay down. While we try to make you as comfortable as possible, if you have specific needs, please bring your own pillow or blanket, etc. We make every effort to assure that our clients feel safe and comfortable.

We may work near and/or around your body or above your body, so please let us know if you'd prefer that we avoid your space. 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. I have read the above statements and I understand and agree with them.

I understand that Vibrantly-Aging does not diagnose illness, disease, or mental disorder. Nor do they 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 Vibrantly-Aging cannot be held liable for any problems that might arise that I think could be attributed to the relaxation session. I have stated all of my known medical conditions to Vibrantly-Aging and if necessary I will keep her updated on my physical, mental, and emotional health. I acknowledge that Vibrantly-Aging practices only for the purpose of providing relaxation.

I attest that I understand the nature of the session and freely elect to receive the techniques. I release Vibrantly-Aging 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:

Phone #: (HOME)

(CELL)

Preference: ☐ Home ☐ Cell

Full mailing address:

E-mail Address:

Referred by:

Date of Session:

Day of Week: Time:

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

Is There Anything Else You'd Like Me To Know?		
☐	☐	
☐	☐	
☐	☐	
☐	☐	