Client Intake Form & Permissions

Sandra Hickman, Quantunamics, LLC

Including: The Audio Medic, Healing Intention Community, Digital Medicine Cabinet

Thank you! for taking the time to complete the paperwork I require in order to provide my services. This process helps assure that my services and/or products can continue to be available to those who desire it, without legal or other repercussion.

Name:

Address:

Phone Number(s):

Email Address:

Health Considerations: (*Please provide details regarding your current health and wellness as you deem necessary for the effectiveness of our work together*.)

Emergency Contact Name:

Phone Number(s):

Relationship:

Today’s Date:

Signature:

Client Authorization for Services

Sandra Hickman, Quantunamics, LLC

Including: The Audio Medic, Healing Intention Community, Digital Medicine Cabinet

I understand that I am about to experience a variety of techniques shared by Sandra Hickman, some of which are still in the research and development stages. I agree to undergo this practice by my own choice, recognizing that these services do not constitute “medical” diagnosis, a medical practice or procedure, treatment or cure of any disease or illness. If at any time I become uncomfortable with any technique, I will immediately inform Sandra Hickman.

I understand that there is a very limited risk that this experience will require more intensive therapeutic intervention or follow-up beyond the capacity of Sandra Hickman, at which time I will be directed or referred to the appropriate therapeutic resources for resolution. I accept my own responsibility for the follow-up to these therapeutic recommendations. I understand that what I experience is the product of my own perceptual processes and that the therapeutic data recorded is not a medical or legal record of historical events. Furthermore, I acknowledge that it is not the role, expertise, or authority of Sandra Hickman to verify, interpret, or explain the authenticity of these experiences, but merely to provide safety, support and feedback for my own stress reduction and empowerment process.

I acknowledge that I have read and received a copy of the Detailed Client Information provided by Sandra. I have read the Healing Tenets and understand that it forms the basis for my healing and for working with Sandra Hickman.

Client’s Name: Date:

Client’s Signature: