



# Spirit Bowl Healing

## Vibrational Sound/Reiki Intake Form

Name:		Date:		Occupation:	
Address:			Date of Birth:		
City:		State:		Zip:	
Emergency Contact:			Email:		
Phone:			Cell:		
How did you learn about us:			Cell:		
General Health					
Relaxation methods that you practice:					
Main source of stress in your life:					
Any sensitivity to sound or vibration?: <input type="checkbox"/> yes <input type="checkbox"/> no					
Any problems lying on your front or back? If yes, describe:					
Accidents or surgery in the past 2 years:					
Any metal implants, pacemaker, or body piercing: If yes, describe:					
Medications that you currently take:					
Name and phone number of your physician:					
Vibrational Sound Therapy (VST)/ Reiki					Goals for today
Have you undergone VST or Reiki before? If yes, when?:					<input type="checkbox"/> Relaxation
Known allergies:					<input type="checkbox"/> Pain Relief
Body areas on which you do <b>not</b> want bowls placed:					<input type="checkbox"/> Stress Reduction
Health History (circle all that apply)					
Heart disease	Thyroid problems	Herpes/shingles	High blood pressure	Low blood pressure	
Numbness/tingling	Sinus problems	Back/Neck problems	Chronic pain	Varicose veins	
Rashes	Jaw pain (TMJ)	Abnormal clotting	Hepatitis	Gas/bloating	
Irritable bowel	Diabetes	Headaches	Arthritis	Sprains/strains	
Fractured bones	Sleep disorder	Depression/anxiety	Cancer	Pregnant ___ weeks	
Aids/HIV	Chemical dependency	Alcohol dependency	Psychiatric disorder	Neurological disorder	
Other (describe):					
Rate Stress Level before Session (use a scale from 1 to 10, with 1 being lowest and 10 being highest):					
Rate Pain Level before Session (use a scale from 1 to 10, with 1 being lowest and 10 being highest):					
Rate Anxiety Level before Session (use a scale from 1 to 10, with 1 being lowest and 10 being highest):					
<p>I have chosen to receive Vibrational Sound Therapy/Reiki. I understand that Pamela Selkin will be using gentle sound and vibration techniques, and hands-on energy techniques to promote relaxation and stress reduction. I have completed this form to the best of my knowledge. I have stated all medical conditions of which I am aware. I will update Ms. Selkin about any changes in my health. I understand that she does not diagnose illness or disease. She does not perform medical treatments or prescribe pharmaceuticals. She will not interfere with treatments by any medical professional. I acknowledge that these sessions are not a substitute for medical or psychological examination or diagnosis, and that I should see a licensed health care provider for those services. I understand that I alone am responsible for informing my health care provider that I am receiving these sessions.</p> <p><b>Privacy Policy:</b> No information about me (or my minor child) will be shared with any third party without my written consent.</p>					
Signature			Date		