

Angel Wings & Amethyst Healing House

252 Moriches-Middle Island Rd Manorville, NY 11949

Meditation (Guided & Sound Bath) Intake Form

First Name: _____ Date: _____

Last Name: _____ DOB: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Cell Phone: () _____ Home Phone: () _____

Emergency Contact Name: _____

Emergency Contact Phone: () _____

Have you Meditated in the past? Yes _____ No _____ Guided _____ Privately _____

Have you experienced Sound Meditation or Gongs in the past? Yes _____ No _____

Are you sensitive to perfumes or fragrances? Yes _____ No _____

Are you sensitive to burning incense / smudges? Yes _____ No _____

Do you have any allergies? Yes _____ No _____ If Yes, please list:

Do you have any health conditions that could arise during class? Yes _____ No _____

If Yes, please indicate: _____

In the event of an emergency, do you carry medication with you? Yes _____ No _____

If Yes, Type & Location? _____

I certify all the information given above is true to the best of my knowledge. I understand I am responsible for my own health and wellbeing and do not hold responsible Angel Wings & Amethyst Healing House Inc., Terri or any other persons guiding meditation classes.

Signed: _____ Date: _____