Subtle Essence Sound healing

CLIENT INTAKE FORM

Name _____ Date _____

Address _____ Emergency contact _____ Phone _____

Phone _____ Practitioner _____

**Please answer the questions below.

Primary reason for appointment / what would you like to achieve in this session? _____

_____

Have you received sound healing before? ☐ Yes ☐ No

If yes, what type of sound healing? ☐ Group sound bath ☐ 1:1 sound session ☐ Other _____

Are you on any medication? ☐ Yes ☐ No If yes, which ones _____

How did you learn about us? _____

**Please mark any of the following conditions you may currently have.

- ☐ Pregnancy
- ☐ Epilepsy
- ☐ Heart pacemaker, stent/shunt
- ☐ Allergies
- ☐ Eczema or psoriasis
- ☐ Headaches
- ☐ Cold virus / Flu or Covid Symptoms
- ☐ Carotid artery disease
- ☐ Artificial joints
- ☐ Inflammation
- ☐ Sports injury
- ☐ Deep Vein Thrombosis
- ☐ Bruises
- ☐ High Blood pressure
- ☐ Varicose veins
- ☐ Acute pain
- ☐ Chronic pain
- ☐ Recent surgery
- ☐ Open wounds
- ☐ Tumours
- ☐ Grief process
- ☐ Emotional changes
- ☐ Others, please specify _____

I understand that this sound healing is for the purpose of stress reduction, emotional release and providing the body and mind a space for self healing. I understand that the practitioner does not diagnose illness, disease or any other physical or mental disorder. I will inform the practitioner of my current condition at the time of each visit.

Signature _____