

Sound Healing Informed Consent Form

Participant Information:

Name:

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Date:

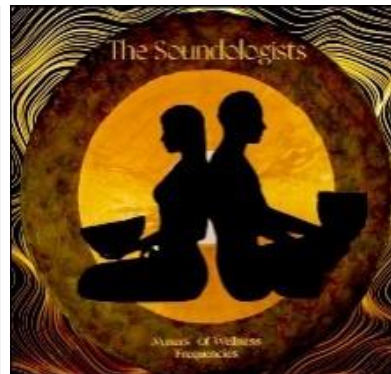
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Phone:

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Email:

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Acknowledgment & Informed Consent:

I understand that I am voluntarily participating in a sound healing session that may involve the use of:

Singing Bowls, Tuning Forks, Gongs, Chimes, Voice, Binaural Beats, and/or recorded Sound Frequencies.

I acknowledge that sound healing is an energy-based complementary practice and does not replace medical care, diagnosis, or treatment provided by a licensed healthcare provider. I will continue with any course of treatment prescribed by my GP or Specialist until told otherwise by my GP or Specialist.

Contraindications & Precautions:

I understand that sound healing may not be suitable for individuals with:

- Pacemakers or implanted electronic devices
- Epilepsy or seizure disorders
- Severe mental health conditions (including schizophrenia or active psychosis)
- Serious cardiovascular conditions (unless cleared by a physician)
- Pregnancy (certain deep frequencies or gongs may not be recommended)
- Tinnitus or extreme sound sensitivity (may require modification or avoidance)

I affirm that:

☐ I do not have a pacemaker or implanted electronic device

☐ I am not in my first trimester of pregnancy

☐ I do not have any of the above conditions OR I have discussed my condition with the facilitator and/or my healthcare provider and understand any potential risks.

Participant Responsibility:

I take full responsibility for my own physical, emotional, and mental well-being during and after the session. I agree to inform the practitioner before the session of any relevant health issues, sensitivities, or concerns. I understand The Soundologists (Paul & Emma) are not liable.

I confirm that the information given has been completed to the best of my knowledge and belief. I have understood the treatment and wish to go ahead.

Client signature..... **Date:**

For more information, please head over to <https://thesoundologists.co.uk/>