

**“SOUND HARMONIC HEALING”  
Client Intake Form**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

1. Have you had a vibroacoustic therapy (VAT) session?

Yes

No

2. Have you ever had an energy/quantum healing session?

Yes

No

3. Have you had a Quantum Healing Hypnosis or Past Life Regression session?

Yes

No

4. How often do you Meditate? \_\_\_\_\_

5. What is your primary reason for booking a session today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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6. Do you currently have any diagnosed mental health conditions, such as: Schizophrenia, Dissociative Identity Disorder (DID), Severe Anxiety or Panic Disorders, Bipolar Disorder, Psychosis or Delusional Disorders, Severe Depression with Suicidal Thoughts, Alzheimer's or other severe Cognitive Impairments?

Yes

No

7. Are you sensitive to sound and vibrations?

Yes

No

8. How did you hear about Sound Harmonic Healing?

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## **“SOUND HARMONIC HEALING”**

### **Consent & Acknowledgement Form**

#### **Vibroacoustic Bed, Energy Healing/Quantum Healing, “QHHT” Quantum Healing Hypnosis Technique, “BQH” Beyond Quantum Healing, Mini Group Regression/Guided Meditation**

It is my responsibility to do my research and consult a medical doctor or healthcare professional before using a vibroacoustic bed, receiving crystal healing, or participating in energy/quantum healing sessions. It is my responsibility to consult with a medical doctor or healthcare professional about any changes in my condition or in any medication, as well as any diagnosis, advice or treatment. I will notify Maria Catangui to stop the session or discontinue the use of the vibroacoustic bed, crystal healing or energy/quantum healing in the event that I start to feel any discomfort. I consent to be guided through relaxation, visualization, hypnosis, and or stress-reduction techniques as part of my session. I understand these modalities are non-medical in nature, and it is my responsibility to consult with my healthcare provider regarding any changes in my condition or medication. I acknowledge that these services are not substitutes for professional medical care, and I have been advised to seek the guidance of a licensed medical practitioner for the diagnosis or treatment of any existing, new, or ongoing medical conditions. I fully accept that any changes I experience are my own responsibility. I understand that all healing is ultimately self-healing and that Maria Catangui of “Sound Harmonic Healing, LLC” serves as a facilitator to support me in addressing my personal challenges. I agree to provide accurate feedback, communicate openly, and supply relevant details to assist in achieving the desired outcomes of my session. I also understand that I may be assigned follow-up practices or “homework” by my higher self to continue the process of healing and transformation beyond the session. These assignments are personal to me and are not directed by Maria Catangui, but instead come from my own inner guidance. I acknowledge that Maria Catangui may decide not to proceed with a session if it is determined not to be in my best interest. I understand that she is not liable for any travel- related expenses, airfare, lodging etc. incurred due to a cancelled session. Additionally, I recognize that my session may be digitally recorded for my reference, though the metaphysical nature of the work may occasionally result in technical disruptions, such as static or blank recordings.

I fully release and hold harmless Maria Catangui and “Sound Harmonic Healing, LLC” from any and all claims, liabilities, or damages arising from or connected from my session/s.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_