

**Sound Harmonic Healing, LLC**  
**Client Intake Form - Sound Therapy Session**

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

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

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you find out about Maria /Sound Harmonic Healing, LLC?

\_\_\_\_\_

Do you meditate? If so, how often? \_\_\_\_\_

Have you ever used a Vibroacoustic Bed? \_\_\_\_\_

What is your primary reason for booking a session using a Vibroacoustic Bed?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Sound Harmonic Healing, LLC**  
**Consent/Acknowledgement Form - Sound Therapy Session**

I acknowledge and agree with Maria Catangui that:

1. I understand that the “inHarmony Sound Lounge 2” Vibroacoustic Bed will be utilized during my session.
2. It is my responsibility to do my research and to consult a medical doctor or health care professional before using a Vibroacoustic Bed.
3. It is my responsibility to consult a medical doctor or healthcare professional about any changes in my condition or in any medication as well as for diagnosis or treatment of any medical or psychological conditions.
4. Maria Catangui, who will facilitate the use of the “inHarmony Sound Lounge 2” Vibroacoustic Bed during the session, is not a physician, psychologist, counselor or therapist and cannot diagnose, prescribe or treat any mental or physical condition. The use of Vibroacoustic Bed during the session is not considered to be a replacement for professional, medical or psychological diagnosis, advice or treatment.
5. I will notify Maria Catangui to stop the session or use of Vibroacoustic Bed in the event that I start to feel any discomfort arising from the use of the Vibroacoustic Bed.
6. I hereby release and discharge Maria Catangui and “Sound Harmonic Healing, LLC” from any and all damages or claims of liability of any nature arising out of or in connection with my Sound Therapy session with Maria Catangui.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_