



Herban Girl Holistic Wellness

Private Session Client Intake

Date:	
Name	Phone
Address	Zip Code
City	Occupation
Email	DOB
Emergency Contact Name	Referral Name
How did you hear about us?	

GENERAL HEALTH

Rate your level of stress: (5=highest, 1=lowest)	5 4 3 2 1
What is the main source of stress in your life?	
Do you have any sensitivity to sound or vibration? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any difficulty lying on your front or back?	
Please list any accidents or surgeries in the last 2 years	
Do you have any metal implants, a pacemaker or body piercings?	
Are you pregnant?	
List medications you are currently using:	

VIBRATIONAL SOUND MESSAGE

Goal For Your Session

Have you ever had a singing bowl session before?	Relaxation
Do you have any allergies?	Pain Relief
Are there any areas on your body you would not like the bowls placed?	Stress Reduction

HEALTH HISTORY - Please circle all that apply

Heart Condition	Psychiatric Disorder	Herpes/Shingles	Chronic Pain	Varicose
Veins Numbness/Tingling	Jaw Pain/TMJ	Allergies	Constipation	Cancer
Rashes	Gas/Bloating	Blood Clots	Arthritis	Sprains/Strains
Diabetes	Pregnancy ____ wks	Fatigue/Sleep Disorder	Depression/Anxiety	Spasms
Broken/Fractured Bones	Headaches	High Blood Pressure	Low Blood Pressure	
Other				

Are you currently under the care of a doctor or physician?
Have you informed your health care provider you are receiving Vibrational Sound Massage sessions?
Are you currently using any additional techniques to manage stress?

It is my choice to receive this Vibrational Sound Massage and I understand that the practitioner will be using gentle sound and vibration during the sessions on/around me. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in this activity. I represent and warrant that I am physically and mentally fit and have no medical condition which would prevent my full participation in this session. I, my heirs or representatives release, waive, discharge and covenant not to sue or assert claim against Herban Girl Holistic Wellness, Michelle Hasley, Becky Hill, their employees, officers and or agents for any injury, damages, death or other consequences occurring to me arising out of my voluntary participation in this session. I knowingly, voluntarily and expressly waive any claim I may have against Herban Girl Holistic Wellness, Michelle Hasley, Becky Hill, their employees, officers and or agents for any injury, damages, death or other consequences occurring to me arising out of my voluntary participation in this session with Michelle Hasley and Becky Hill of any kind.

<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date
---	--

Privacy Policy: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian of the client if under the age of 18.