



Client Intake Forms





SOUND HEALING & REIKI

CLIENT INTAKE & CONSULTATION FORM

PERSONAL INFORMATION

Today's Date

Full Name

Date of Birth

Gender

M

☐

F

☐

Other

☐

Age

Address

City

State

Zipcode

Phone

Occupation

Email

Do you consent to be on
our email list?

Yes

No

EMERGENCY CONTACT

Phone

Name

Address

MEDICAL INFORMATION

Are you currently pregnant?

Yes ☒ No ☒

If yes, No. Weeks

Do you have a pacemaker?

Yes ☒ No ☒

Do you have any metal in your body?.

Yes ☒ No ☒

Are you sensitive to fragrances or essential oils?

Yes ☒ No ☒

Have you experienced sound healing before?

Yes ☒ No ☒

Are there any instruments or sounds you DO NOT like?

Yes ☒ No ☒

Please specify:

Are you receiving other complimentary healing treatments?

Yes ☒ No ☒

Do you agree to receive energy healing during your session?

Yes ☒ No ☒

Do you give permission for hands on touch?

Yes ☒ No ☒

Do you have any medical conditions?

Yes ☒ No ☒

Please specify:

Are you taking any medications or supplements?

Yes ☒ No ☒

Please specify:

Do you have any allergies?

Yes ☒ No ☒

Please specify:

Have you had any recent injuries or surgeries?

Yes ☒ No ☒

Please specify:

Do you have your doctor's consent for this session?

Yes ☒ No ☒

Doctor's contact details:

Do you have any particular areas of concern?

Yes ☒ No ☒

Please specify:

Additional notes/comments of importance to know?

SESSION NOTES

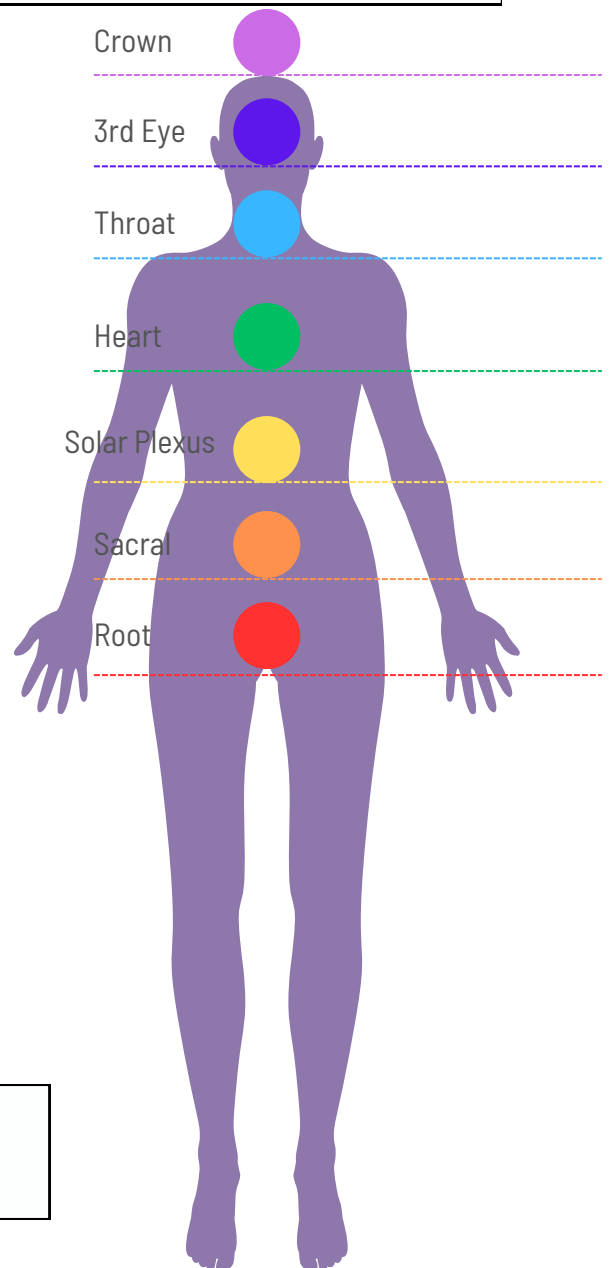
What would you like to get out of your session?

Do you have any expectations about your session?

Notes

Post Session

Other





SOUND HEALING & REIKI

CLIENT CONSENT & WAIVER FORM

PLEASE READ CAREFULLY

I.....{client name}....., hereby give my consent to receive a sound-bath/healing and I acknowledge and agree that I am doing so at my own risk. My health and safety with respect to such services are my sole responsibility. My decision to receive services is voluntary, and I know of, understand and assume any and all the risks associated therewith. In exchange for receiving services for myself and on behalf of my heirs, executors, administrators and personal representatives, hereby waive, release, discharge and hold my therapists Paige Strayer & Brad Shuler of Rooted Vibrations harmless from any and all liability for any and all injuries, including damages or claims relating to or resulting from my receipt of the services, now or in the future, foreseen or unforeseen.

Please take a moment to read each statement below and initial your understanding.

- If I experience pain or discomfort during the session, I will immediately inform my healer.
- I will not hold my healer responsible for any pain or discomfort I experience before, during or after the session.
- I understand that the services offered today are not a substitute for medical care.
- I understand that my therapist is not qualified to carry out a medical examination or provide a diagnosis and I agree not to interpret their comments as medical advice.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform my therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that this treatment is non-sexual in nature.
- I agree that my therapist may need to disclose my personal information if required to by law.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present and future relating to this treatment.....{Initial }

Client Name:

Date:

Client Signature:



SOUND HEALING & REIKI

CANCELATION AGREEMENT

PLEASE READ CAREFULLY

Late Arrival

It is recommended to arrive 5-10 minutes prior to your scheduled appointment for any other necessary paperwork, discussion or setting yourself up.

If you arrive late we will do our best to accommodate you within the remaining time left, however you will still be charged at full price for the session.

No Show / Cancellation

If you do NOT show up for your appointment you will still be charged at full cost for your session missed.

In the event you need to cancel your appointment due to other circumstances 24 hours' notice must be given prior to your session.

If you wake up on the day of your appointment ill, please contact us to reschedule your appointment.

Serve Weather Conditions

In the event that serve weather or poor driving conditions make it difficult for you to attend your session, we will work with you to reschedule your appointment.

These cancellation policies are subject to change at any time and are effective immediately.

Client Name:

Date:

Client Signature:



SOUND HEALING & REIKI

MINOR CONSENT FORM

PLEASE READ CAREFULLY

I, **[Parent/Guardian Name]**, hereby provide consent for my child, **[Child's Name]**, to partake in sound healing therapy sessions. I have thoroughly reviewed the nature of this therapy, including its potential benefits and risks, and understand that it complements but does not replace medical treatment.

I acknowledge that it is my responsibility to communicate any medical conditions or concerns that might affect my child's participation in these sessions. Furthermore, I understand that all information shared during the therapy sessions will remain confidential, barring any legal obligations for disclosure.

Sound healing therapy is not a substitute for medical treatment or advice. While it may provide relaxation benefits, it does not diagnose, treat, cure, or prevent any medical condition. Participants should consult healthcare professionals before starting any new therapy, especially if they have medical concerns.

The therapist is not a licensed medical professional. Participation is at your own risk. By signing this consent form, I affirm my understanding that I can retract this consent at any time by providing written notice to the therapist.

Parent/Guardian Name:

Date:

Signature:



SOUND HEALING & REIKI CONTRACT/AGREEMENT

This agreement is made effective as of [Date], between [Client Name], hereinafter referred to as "Client," and Paige Strayer & Brad Shuler, hereinafter referred to as "Practitioner."

1. Services Provided: a. The Practitioner agrees to provide sound healing therapy sessions to the Client. b. Sound healing therapy sessions may include the use of various sound instruments such as singing bowls, gongs, tuning forks, and other tools as deemed appropriate by the Practitioner. c. The frequency and duration of sessions will be agreed upon by both parties and documented in the treatment plan.
2. Client's Responsibilities: a. The Client agrees to participate fully in the sound healing therapy sessions and to follow any instructions given by the Practitioner. b. The Client acknowledges that sound healing therapy is a complementary modality and is not a substitute for medical or psychological treatment. c. The Client agrees to inform the Practitioner of any medical conditions, medications, or other relevant information that may affect their participation in sound healing therapy sessions.
3. Fees and Payment: a. The Client agrees to pay the Practitioner the agreed-upon fee for each sound healing therapy session. b. Payment is due at the time of service unless otherwise agreed upon in writing. c. The Practitioner reserves the right to adjust fees with reasonable notice to the Client.
4. Cancellation Policy: a. The Client agrees to provide at least 24 hours' notice if they need to cancel or reschedule a sound healing therapy session. b. Failure to provide adequate notice may result in a cancellation fee being charged to the Client.
5. Confidentiality: a. The Practitioner agrees to keep all client information confidential, except as required by law. b. The Client agrees to respect the privacy of other clients and to keep all information shared during sound healing therapy sessions confidential.
6. Termination of Services: a. Either party may terminate this agreement at any time by providing written notice to the other party. b. In the event of termination, any outstanding fees owed to the Practitioner shall become immediately due and payable.
7. Dispute Resolution: a. Any disputes arising out of this agreement shall be resolved through negotiation and mediation in good faith. b. If mediation is unsuccessful, the parties agree to submit the dispute to binding arbitration in accordance with the laws of [State/Country].

By signing below, the Client and Practitioner acknowledge that they have read, understood, and agree to the terms and conditions of this agreement.

Client Signature: _____ **Date:** _____

Practitioner Signature: _____ **Date:** _____

[This agreement is a legal and binding contract between the Client and Practitioner. It is recommended that both parties retain a copy for their records.]

DETOX & AFTERCARE INFO

Some common energetic and detox-like symptoms can occur almost immediately or emerge days, weeks, or even months later from sound healing. Some may not experience any. These may include:

- Gas/Bloating/Burping/Yawning
- Nausea/Vomiting
- Tiredness
- Emotional Drain
- Visions
- Flashbacks of Old Memories
- Itching/Rashes/Hives/Inflammation/Eczema
- Crying/Emotional Release
- Urgency to Use the Bathroom
- Unexpected Feelings or Thoughts
- Fits of Laughter
- Anger Outbursts
- Headache
- Runny Nose/Sneezing/Coughing
- Increased Need for Sleep
- Vivid or Lucid Dreams
- Food Cravings or Aversions
- Release of Stored Pains
- Desire for Self or Others' Forgiveness
- Heightened Connection to Source Energy
- Personal Insights
- Sudden Shift in Perspective
- Feeling "In the Zone"
- Increased Energy Levels or Motivation

Recommendations:

During the initial week post-treatment, it's advisable to avoid alcohol, excessive caffeine, salt, sugar, and tobacco products as they hinder the body's detoxification process.

Considerations:

Individuals with a history of trauma or high stress levels may experience heightened sensitivity. Furthermore, one's current health status can influence their healing journey, though some individuals may not notice any immediate effects.