

Client Intake Form

Date:

First Name:

Last Name:

Phone:

D.O.B:

E-mail:

Address:

City:

State:

Zip:

Occupation:

Emergency Contact Name & Phone::

Relaxation Methods:

Current Methods of Relaxation:

What is your Current Stress Level? (1 being the lowest & 10 being the highest)

What are currently the main stressors in your life?

Any Difficulty Laying on your Stomach?

Yes

No

Any Difficulty Laying on your Back?

Yes

No

Do you have any Piercings?

Yes

No

Any Sensitivity to Sound?

Yes

No

Any Sensitivity to Vibrations?

Yes

No

Any Difficulty Laying on your Stomach?

Yes

No

If Yes, to any of the previous questions, please elaborate:

What are your intentions for this session?

Are there any areas of your body that you do not want bowl(s) placed?

Medical History:

Do you have a pacemaker?

Yes

No

Any Metal Implants?

Yes

No

A Subcutaneous Port?

Yes

No

Please List any Surgeries or Injuries in the past 5 years:

Are you pregnant?

Yes

No

Any history of Cancer?

Yes

No

Suffer from Chronic Pain?

Yes

No

Please list significant health history and current medications:

Is there anything else you'd like me to know about you and/or your health?

By signing this form, I hereby give consent to receive sound work and vibrational therapy. I understand the practitioner will be using gentle vibrations and sound throughout this session, on and around me.

I have completed this form honestly and to the best of my ability.

I acknowledge that these sessions are intended for relaxation and as a form of self care-and not intended to replace medical care.

Signature:

“The Healing Powers Within You. LLC”

Sound Bath Consent & Waiver of Liability

Please read and initial each of the below statements to indicate your understanding and acceptance of each of the following :

Sound and Vibrational Therapies [herein after referred to as a Sound Bath, facilitated by The Healing Powers Within You LLC/ Linda [Nina] Curry [hereinafter referred to as “the Practitioner”] ,utilizes crystal singing bowls, chimes, gongs, drums and other musical instruments to create sounds and energy based vibrations for the purpose of meditation, stress reduction, relaxation, and as a means of self-care.

Sound Baths can include the placement of vibrating instruments [both low & high pitched] near or on my body. If at any point, I feel any level of discomfort or pain, it is my responsibility to immediately notify the practitioner. In addition, it is my responsibility to inform the Practitioner of any medical changes.

I acknowledge that as a Sound Therapy Practitioner, Linda [Nina] Curry / The Healing Powers Within You LLC ,will not diagnose ,treat, or interfere with the treatments and services provided by licensed physicians or other licensed medical professionals. Sound baths are not to be used as a replacement for traditional medical treatment and advice.

The Healing Powers Within You LLC., has my permission to use any photographs and videos, taken during sessions, for publicity and for marketing purposes. I understand the images may be used for [but not limited to] print brochures, flyers & social media I also understand that I will not receive a royalty, fee, or any other form of compensation for the use of the images.

By signing this document, I am acknowledging that I have thoroughly read and understand the risks and statements above and I have voluntarily chosen to participate in a session/sessions with my signature below, I hereby release and waive any and all liability, claims, actions, or causes of action brought forth by me or any of my agents, arising from or related to any loss, damage, or injury potentially sustained by the participant during or after a session/sessions. This release and Waiver of Liability will be governed by the laws and the statues set forth by the State of Florida.

Participants Name:

Guardians Name, if participant is under 18:

Signature :