Sound Healing with Beautifully Balanced Coaching

Intake Form

Name of Client _____

Address_____

_____

Phone _____ Email _____

Date of birth _____ Age _____

Warning – Please note that if you suffer from sound induced epilepsy you should not participate in a session. Id you have a cardiac pacemaker, defibrillators, artificial heart valves, cardiac arrhythmias, stents or stunts you need a doctor's letter to participate in a sound session. This is also true for anyone who has DBS, deep brain stimulation devices.

Please detail recent and relevant medical treatment, operations, and or family history.

_____

_____

_____

Please feel free to use a separate sheet of paper for a more detailed account of the above.

If you answer yes to any of the below questions please add details.

Do you have Epilepsy? _____

Are you pregnant or trying to get pregnant? _____

Do you have any medical implants? _____

Do you have deep vein thrombosis or diseased veins?

_____

Do you have any open wounds? _____

Do you have any inflammation? _____

Do you have any skin disorders including eczema? _____

Do you have a shunt or a stent? _____

Do you have a pacemaker, artificial valve, defibrillator or cardiac arrhythmias?

_____

Do you have a deep brain stimulator? _____

Have you recently had whiplash? _____

What prompted you to have sound therapy? _____

_____

What are you hoping to get out of this session? _____

_____

_____

Is there any other information that may be relevant to this session? _____

_____

I certify that all information given is accurate and correct and I consent to

Sabrina Vaz to conduct a sound therapy session on my behalf.

Date _____ Signature _____