

Sound Therapy of Austin Personal and Group Session Consent Form

Please let me know if you have any of these:

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| 1. Epilepsy or seizures | Yes or No |
| 2. Pacemaker or electrical implants | Yes or No |
| 3. Currently pregnant or breastfeeding | Yes or No |
| 4. Current broken bones | Yes or No |
| 5. Any devices, implants, fixtures, or Prosthetics | Yes or No |
| 6. Any conditions currently under a Doctors care. | Yes or No |
| 7. Have you ever experience a Sound Therapy Session. | Yes or No |
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I understand it is my responsibility to inform the practitioner if I have any of the issues listed above prior to any session.

I understand that Sound Therapy of Austin is not a medical professional, so any service performed the practitioners are not considered a substitute for medical examination, diagnosis or treatment.

I agree that it is my decision to have services performed by the practitioners, and I will not hold the practitioners of Sound Therapy of Austin liable for any actions performed within a session that may be contraindicated by personal Medical professional.

My signature on this form constitutes agreement and consent to all items listed above and to communicate with me through any electronic format including cell phone, and texting.

Full Name: _____

Signature: _____

Date: _____

Phone: _____

E-Mail: _____