

General Intake Form and Waiver

Personal Information:

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Occupation/s: _____

Physical Activities: _____

Emergency Contact:

Name: _____ Relation: _____

Phone: _____ Email: _____

Sound and Medical Information:

Have you had a professional Sound Therapy Session before? Y/N

Level of stress: (5 - Highest, 1 - Lowest) _____

What is the main source of stress in your life? _____

Do you have sensitivity to sound or vibration? Y/N _____

Do you have difficulty lying on your front or back? Y/N Please explain: _____

Any accidents or surgeries in the last 2 years? Y / N _____

Any implants or pacemakers etc.? Y / N _____

Are you Pregnant? _____ If YES, how far along are you? _____ weeks

See next page to complete form

Please check all that apply:

- Lymphatic conditions: swollen gland, nasal congestion or Lymphedema.
- Joint health: stiffness, arthritis, sacroiliac discomfort, TMJ or other.
- Bone conditions: osteoporosis, fracture or other.
- Headaches or migraines.
- Recent injury or accident: whiplash, sprain, bruise or other.
- Numbness or tingling.
- Tendonitis or bursitis.
- Diabetes.
- Circulatory conditions: high blood pressure, varicose veins or blood clots.

Please review and initial the following statements:

If I experience pain or discomfort during the session, I will immediately inform my therapist so that any pressure or techniques applied can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.

I understand that the services offered today are not a substitute for medical care. I also affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist part should I forget to do so.

Sound Therapy is contraindicated for certain medical conditions. I affirm that I have discussed all my know medical conditions wit the Therapist, and completed the information on this consent honestly. I understand that I should see a physician or qualified medical specialist for any mental or physical ailment of which I am aware. I agree to keep the Therapist updated as to any changes in my medical/physical conditions that might affect my ability to safely receive my Sound Session.

By signing this release, I herby waive and release Sound Therapy of the Pacific Northwest and my therapist from any and all liability, past, present and future relating to Sound Therapy of the Pacific Northwest.

I understand that should I cancel or reschedule an appointment less that 24 hours before the scheduled time or don't show up to the appointment, I am subject to a fee equal to the full cost of the missed appointment. If the appointment was booked under gift certificate, or package, it will be voided or redeemed in lieu of the fee. I also, understand all sales are final, no refunds.

*In general, sound therapy is done while fully clothed. This is your session and you should be as comfortable as possible, ware comfortable clothes.

*Sound Therapy is a therapeutic, professional service. Inappropriate or sexual conduct of any kind, initiated by any party will not be tolerated. If uncomfortable for any reason, the client or therapist may ass to end the session, and the session will end.

I have received this policy statement and have read and agreed to all of the policies therein:

Print Name: _____ Signature: _____ Date: _____