

Sound Healing Client Intake Form

Sound Healing Disclaimer:

Sound healing is a complementary wellness practice and is not a substitute for medical diagnosis, treatment, or professional healthcare. The practitioner does not diagnose conditions, prescribe medications, or interfere with the treatment plans of licensed medical professionals. Clients should consult their healthcare provider regarding any physical or mental health concerns. By participating in a sound healing session, you acknowledge personal responsibility for your own health and well-being.health profile.

Name: _____

Date: _____

Phone #: (HOME) _____ (CELL) _____

Preference: Home Cell

E-mail Address For Follow Up Check In:

Do you have any questions? No Yes

Are you OK being touched if necessary? No Yes

Do you have a pacemaker? No Yes

Are you a diabetic? No Yes

Do you have high or low blood pressure? No Yes

Do you have a serious illness? No Yes

What would you like to specifically work on for this session?

Emotional Checklist	
Put an X next to each statement that corresponds to the way you often feel.	
<input type="checkbox"/>	Anxiety
<input type="checkbox"/>	Feeling worried or fearful
<input type="checkbox"/>	Overactive brain; won't shut off
<input type="checkbox"/>	Panic attacks
<input type="checkbox"/>	Stress, tension, tightness, or stiffness in muscles
<input type="checkbox"/>	Feeling stressed and burned-out
<input type="checkbox"/>	Obsessive thoughts or behaviors
<input type="checkbox"/>	Control issues
<input type="checkbox"/>	Negativity or depression
<input type="checkbox"/>	Addiction tendencies (food, alcohol, drugs, sex, sugar, cigarettes, coffee, etc.)
<input type="checkbox"/>	Low self-esteem and poor self-confidence
<input type="checkbox"/>	Poor emotional regulation (0-100 without much cause)
<input type="checkbox"/>	Hyperactivity; can't focus
<input type="checkbox"/>	Anger or rage, agitated easily or irritated
<input type="checkbox"/>	Digestive issues
<input type="checkbox"/>	Insomnia or disturbed sleep
<input type="checkbox"/>	Lack of energy
Other:	

NOTE: See Client Intake Form handout in the resource section.