

SOUND BATH INTAKE FORM

Name: _____ Phone: _____

Address: _____

Email: _____

Occupation: _____

Date of Birth: _____ Today's Date: _____

Emergency Contact Name & Number: _____

How did you hear about this sound bath: _____

General Health

Methods of relaxation that you practice in your daily life:

Please list your current physical health:

Please list your health history including any surgeries or accidents you have had:

Do you any mental health diagnosis?

What are your positive qualities/strengths:

Do you have any allergies?

Do you have any metal implants, a pacemaker, or body piercings?

Please list the medications you are currently taking?

Sound Therapy

Have you ever had a sound bath?

Do you have instruments/sounds that you like?

Do you have sounds/tones/instruments that you don't like?

Are you comfortable with incense and/or essential oils used during a session?

Do you have any difficulty lying on your front or back?

Are there any areas of your body you do not want the bowls to be placed?

I am a certified Reiki practitioner. Are you open to any Reiki during the sound bath?

Please rate your current stress level (on a scale of 1 to 10 with 1 being low and 10 being high):

Please rate your current pain level (on a scale of 1 to 10 with 1 being low and 10 being high):

Anything else that you would like to share?

It is my choice to receive Sound Therapy and I understand that the practitioner will be using sound during the session on/around me. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update this practitioner of any changes in my health status. I understand that during a sound bath this practitioner is operating as a sound healer only and not as a mental health practitioner, therefore during this session this practitioner will not offer any mental health counseling nor make any clinical mental health diagnosis. I understand that during a sound bath the practitioner does not diagnose any illness, disease, or physical disorder nor does this practitioner prescribe any medication. I acknowledge that the sound bath session is not a substitute for a medical examination. I understand that I alone am responsible for informing my primary health care provider that I am receiving these sessions and inquiring as to whether or not they may adversely affect my current health condition. I hereby release Natalie Keese Hamm from liability for accidental injury or illness while participating in any sound bath sessions. I hereby assume all risks while participating in a sound session. I understand that all records are treated in a confidential manner.

Signature_____

Date:_____