Metapulse Sound Therapy

Client Intake Form

Date _____

Name _____

Address _____

City/State/Zip _____

Phone _____

Email _____

Date of Birth _____

Occupation _____

Emergency Contact Name _____

Emergency Contact Phone _____

General Health Information

Do you have any difficulty lying on your back or front? _____ If yes, please explain which side and the issue. _____

Do you suffer from chronic pain? _____ If yes, please explain. _____

_____

Do you have any allergies of which I should be aware? _____

Any other health issues of which I should be aware? _____

_____

Are you currently pregnant? Yes No

Do you have epilepsy or seizures? Yes No

Do you have a pacemaker? Yes No

Do you have any prosthetics? Yes No

Session Information

Are there any parts of your body that you do not want the bowls to be placed (hands, chest, stomach, etc.)? _____

Do you have any sensitivity to certain sounds? _____

Would the use of incense or diffused essential oils be okay to use during your session? _____

Have you received Sound Therapy with singing bowls before? _____

What is the goal of your sound therapy session (relaxation,pain relief, stress reduction, etc.)? _____

I understand that Metapulse Sound Therapy is not a medical professional, so any service performed is not considered a substitute for medical examination, diagnosis, or treatment.

I agree to have services performed by Metapulse Sound Therapy and hold harmless Metapulse Sound Therapy and it's practitioners from lawsuits, liability, demands, injury, causes of action, loss, damage.

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, email, and text.

Full Name _____

Signature _____