



Inner Peace Pathways

SOUND HEALING INTAKE & CONSENT FORM

General Information:

Name: _____ Date: _____

Address: _____

Email Address: _____ Phone: _____

Current Occupation: _____ Referred by: _____

Date of Birth: _____ Gender: _____ Pregnant? _____

Medical History

Do you have any injuries that affect your movement or prevent you from sitting or lying easily? If yes, please describe:

Please list any medical diagnosis or condition (i.e., cancer, tumors, organ failure, high blood pressure) or if you have a Pacemaker or metal in your body.

Emergency Contact: _____ Phone: _____ Relationship: _____

Have you ever had a Sound Healing treatment? () Yes () No If yes, how frequently and when was your last session?

Are you interested in receiving a discounted package for longer-term care?

Do you have any of the following existing diseases? (Check all that apply)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other: |

What is the intention of your session today and for the future?

Lifestyle Questionnaire

Please answer the following questions about your lifestyle:

- How many hours of sleep do you typically get each night? _____
- Do you exercise regularly? [] Yes [] No
- Do you follow a specific diet or have any dietary restrictions? [] Yes [] No

If yes, please describe: _____

Consent Form

- I, _____ (print name), hereby consent to receive Sound/Energy Healing services from Tammy E. Wagendorf and Inner Peace Pathways.
- I understand that Sound/Energy Healing is a complementary therapy and is not intended to replace medical or psychological treatment. I acknowledge that no guarantees have been made to me regarding the outcome of the services provided.
- I understand that during my Sound/Energy Healing session, various instruments may be used including but not limited to singing bowls, tuning forks, chimes, gongs, and drums. I understand that these instruments produce vibrations and sounds that may affect my physical and emotional state.
- I acknowledge that I have been informed of the potential benefits and risks associated with the use of sound healing instruments. I understand that while many people find sound healing to be relaxing and beneficial, others may experience discomfort or emotional release.
- I agree to inform the practitioner of any changes in my physical or emotional health, as well as any changes in my medication or treatment regimen.
- I understand that all information shared during my session will be kept confidential, except as required by law.
- I hereby release Tammy E. Wagendorf and Inner Peace Pathways from any and all liability arising from the provision of Sound/Energy Healing services.
- By signing below, I acknowledge that I have read and understood the above information and agree to the terms and conditions outlined in this Consent Form.

Client Signature: _____ Date: _____

Practitioner Signature: _____ Date: _____