



**Tuning Forks Therapy®/Vibrational Sound Healing and/or Reiki - Client In-Take Form**

Client Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Initial Concerns \_\_\_\_\_

Person to Call in Case of Emergency \_\_\_\_\_

Pregnant? \_\_\_\_\_

Any Heart Conditions? Pacemaker? Stents? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Any metal pins, bindings, or screws? \_\_\_\_\_

If yes, what material are they made of? \_\_\_\_\_

If yes, where are they located? \_\_\_\_\_

List any pre-existing illnesses or ailments \_\_\_\_\_

Do you currently have a Colonoscopy bag, catheter, tubing? If yes, where? \_\_\_\_\_

Any blood clots, aneurisms, etc.? If yes, where is it? \_\_\_\_\_

Can you lay on a massage table for a one hour session? If no, why not? \_\_\_\_\_

**Informed Consent Form**

I understand that Tuning Fork Therapy®\Vibrational Sound Healing and\or Reiki sessions are being offered as an adjunct and supplement to other healing stress reduction and relaxation treatment(s). The practitioner does not diagnose conditions, nor prescribe substances and these therapies are not considered to be substitutions for nor interference with any treatment being given by a licensed medical professional. It is recommended that I see a licensed physician, or licensed health care professional for any physical or psychological ailment I may have.

Tuning Fork Therapy®\Vibrational Sound Healing and\or Reiki sessions are techniques which may require hands-on work: The practitioner may place their hands on various locations of my body or hold their hands slightly above my body, in a manner that is comfortable to me. Tuning Forks or singing bowls may be placed slightly above or actually touch my body, as I find comfortable, and I will advise the Practitioner as to my comfort level during the treatment.

I will advise the practitioner of any implants, steel pins, screws, metal plates, pace makers, surgically implanted devices, history of heart disease or irregular heartbeat, defibrillator or stints. I will also advise the practitioner of any history of fainting spells, epilepsy or seizures I may have and also of the possibility that I may be pregnant at the time of the session. I have truthfully answered the questions on the form accompanying this consent.

Tuning Fork Therapy®\Vibrational Sound Healing and\or Reiki sessions are intended to relieve stress which has been found to be beneficial in aiding the body's natural ability to heal itself. Long term imbalances in the body sometimes require multiple treatments to allow the body to reach the level of relaxation necessary to assist and support harmonizing the body-systems. I understand and acknowledge that my wholistic wellness requires commitment on my part.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

