

Metamorphosis Vibration & Sound Healing

Client Intake Form

ALL INFORMATION IS CONFIDENTIAL and only shared with your facilitator.

Date of Session: _____
Client Name: _____
Address: _____
Cell Phone: _____
E-mail: _____
Age: _____
Emergency Contact: _____
Referred by: _____
Occupation/how long _____

Please complete the following items to the best of your ability. Write N/A for any item that does not apply to you:

Do you practice meditation?

Have you ever experienced sound healing before?

If you answered yes to any of the above, how do they benefit you?

What are your treatment goals for this session? Please list any questions or issues you want to work on:

- I understand that sound therapy is provided for stress reduction, relaxation, improvement of energy flow, releasing blockages and balancing chakras.
- If I experience pain or discomfort during the session, I will immediately inform my therapist. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so.
- I understand that, because therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present, and future relating to sound therapy.

I, as a client of Linda Benkowski, I hear-by release Linda Benkowski and Quantum Health Organics and its directors, officers, employees, agents and professional staff from all actions, causes of actions, suits, claims, liability, damages. and demands of any kind, whether direct, indirect, special, exemplary, or consequential, including interest therein of Quantum Health Organics or Linda Benkowski, which may occur as a result of any injury including death sustained by myself or others resulting from the receipt of Sound Therapy.

I fully understand the above disclaimer and use services by Linda Benkowski and or Quantum Health Organics at my own risk.



I have read the statement above and agree to all the policies.

Client Print Name _____

Client Signature _____

Date_____

There is no expiration date of this waiver document.

Please read and sign:

- I agree to be an active participant in this sound therapy experience and to be a partner in the transformative nature of this process.
- I understand that the privacy of my health and information will be maintained.
- I recognize that my thoughts, feelings, and actions have a direct effect on my life, and that my well-being depends directly on how well I care for myself physically, emotionally, mentally and spiritually.
- I agree to be on time for my session, and to allow at least 24 hours advance notice should I need to cancel or reschedule a session. I agree that if I give less than 24 hours notification, full payment will be due (or debited from any prepayments) for the missed session.
- I understand that the services provided to me by Linda Benkowski are for educational and self-improvement purposes only and are not for diagnosis or treatment of any mental or physical ailment.
- It is my right to refuse any aspect of services offered and to seek the services of another therapist at any time.
- I am of legal age and have signed below. I am a willing participant in this session and agree to participate fully. I do hereby release and discharge Linda Benkowski and Quantum Health Organics from all claims of damages, demands or actions whatsoever in any manner arising from or growing out of my participation.

Client Print Name _____

Client Signature _____

Date_____

There is no expiration date of this waiver document.