

Feeling Sound **Group Sound Relaxation Therapy: Consent to Participate**

Name:

Email Address: Phone Number:

Emergency Contact Name: Contact Number:.....

DATE OF SESSION	
VENUE	

To enable the facilitator to best support your needs please read the following and circle the appropriate response:

- I am currently pregnant (If yes, please let me know how many weeks) YES NO
- I have epilepsy / seizures (or a history of) YES NO
- I have mental health challenges such as anxiety or depression YES NO
- I have metal plates in my body YES NO
- I am currently intoxicated YES NO
- I require lifesaving medication YES NO
- I have recently had a major operation YES NO
- I need/would prefer a chair instead of lying on the floor YES NO
- I wear hearing aids YES NO
- I need support with my mobility & would like to know about venue’s accessibility options YES NO

If you have answered ‘yes’ to any of the above please give me more detail in the box below:

Please read the following and sign below:

In a group setting it is not possible to give targeted 1-2-1 sound therapy to meet a specific need. Your group sound therapist is giving a general group session which may have an aim or theme such as relaxation, energising, art, or creativity for example. These sessions may have a therapeutic effect but are not a substitute for any orthodox medical treatment you are receiving at present. If you have any concerns regarding your health and wellbeing you are advised to see your GP or health consultant.

By attending a session you will potentially be asked to give feedback which could be written or recorded by audio or video. By attending this session you agree that you are happy with these terms.

We will keep this form in our records for 12 months, after which you’ll need to complete again. Please let us know if any of the above details change during your attendance of our sessions.

I would like to be added to your mailing list to hear about future events YES NO

Sign..... Print Name
Date.....