Crystal Sound Bath

CLIENT CONSULTATION AND CONSENT FORM

Full Name _____ **Date of Birth** _____

Address _____ **Emergency contact** _____ **Phone** _____

Phone _____ **Email** _____

****Please tick the questions below. This information helps us ensure that your session is safe and appropriate for your wellbeing**

Health Information

- ☐ **Epilepsy/seizures**
- ☐ **Neurological Conditions**
- ☐ **Recent head injury or concussion**
- ☐ **Parkinson's**
- ☐ **MS**
- ☐ **Pacemaker**
- ☐ **Heart Conditiions**
- ☐ **Pregnant**
- ☐ **Noise Sensitivity**
- ☐ **Tinnitus or sound hypersensitivity**
- ☐ **Vertigo or balance disorders**
- ☐ **Hearing aids or cochlear implants**
- ☐ **Migraines**
- ☐ **Implanted electronic medical devices**
- ☐ **Severe anxiety / trauma sensitivity / PTSD**

Please provide details of any conditions ticked above or any other relevant medical information below:

If you have any medical condition not listed above, or are unsure whether sound therapy is suitable for you, please consult your GP or healthcare professional before attending the session. Participation is at your own discretion and responsibility.

Participants may leave the session at any time if they feel uncomfortable

Seating and Comfort
Yoga mats, cushions, blankets and eye pillows will be provided for your comfort during the booked sessions You are welcome to bring any additional items that help you relax, such as a pillow, extra blanket for extra comfort.
For community drop-in classes, please bring your own mat, blanket, and any items that support your comfort, as equipment will not be provided.

Note: Sound therapy can involve intense vibrations and frequencies that may affect brainwave activity. If you have a history of seizures, we require written confirmation from your GP that you are fit to participate.

I understand that sound healing is a complementary therapy and not a substitute for medical diagnosis or treatment. I confirm that I have disclosed all known medical conditions, including epilepsy or neurological sensitivities. I acknowledge that I am participating at my own risk and have sought medical advice where necessary regarding the suitability of sound vibration for my specific health profile.

Full Name _____

Signature _____ **Date** _____