
Flowering Journey Wellness Intake Form

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: (home) _____ (cell) _____ (work) _____

Email Address: _____ Would you like to receive occasional email updates? ☐ Yes ☐ No

How would you like to receive appointment reminders? ☐ Phone Call ☐ Phone Text ☐ Email ☐ None*

**Please note that failure to keep your appointment or cancel within 24 hours may result in additional fees. See Policies for details.*

Current Occupation/Employer: _____

Is there someone I should thank for referring you? If so, please provide his/her name: _____

Have you ever received an energy healing therapy session? ☐ Yes ☐ No How recently? _____

What type of session did you receive? ☐ Reiki ☐ Sound & Vibrational Therapy ☐ Crystal Therapy
☐ Other, please explain: _____

Please briefly describe your experience with any previous energy healing sessions: _____

What is your reasoning for seeking sound & vibration therapy? _____

The following required information must be completed in its entirety, honestly and to the best of your knowledge:

What, if any, medical conditions are you currently receiving treatment for? _____

Please list all medications (over-the-counter *and* prescribed) and supplements that you are currently taking:

Please list all allergies or sensitivities, including smells: _____

Do you have or have you recently been in contact with any contagious illnesses or infections, including skin conditions:

☐ No ☐ Yes, please explain: _____

Have you ingested any alcohol or illegal substances in the last 24 hours? ☐ Yes ☐ No

Can you comfortably lie on your back for an extended period of time? ☐ Yes ☐ No

Are you currently pregnant? ☐ Yes ☐ No Do you have a pacemaker? ☐ Yes ☐ No

PLEASE CONTINUE ON THE BACK OF THIS PAGE

Is there anything the therapist needs to know that isn't on this form? _____

By providing my signature below, I confirm that the information recorded above is complete, accurate, and honest to the best of my knowledge. I understand that sound & vibration therapy is not a replacement for medical treatment, and that the therapist may only perform treatments within his or her scope of practice and level of comfort. Anything said during this session shall not be regarded as medical advice, treatment, diagnosis, or prescription. I understand that the therapist may refuse service at any time for any reason, and that clients may be referred to a medical professional if the therapist feels this is necessary. I understand that it is my responsibility to inform the therapist of any changes to my medical health profile and that the therapist will not be held liable for anything resulting from my failure to do so. I agree that I have been given sufficient opportunity to ask questions and make specific requests in order to make my treatment time as comfortable as possible. I have also read and will abide by all policies and client expectations that may be listed separately from this document.

Client Signature: _____ Date: _____

☐ Check here if you are signing as the legal guardian for a minor under the age of 18.

Therapist Signature: _____ Date: _____

Benefits of Sound & Vibration Therapy and What to Expect

Sound & vibration therapy is done to promote healing of the etheric or energetic body that exists in all of us. This energetic body exists simultaneously with our physical body, with each having a direct effect on the other. Therefore, energy healing therapies may help us mentally and spiritually, as well as physically. Some of the benefits of energy healing therapies include but are not limited to:

- ✚ Relief of stress and anxiety by balancing the mind, body, and spirit
- ✚ Detecting and removing energy blocks which may be the cause of physical, mental, and emotional stresses
- ✚ Pain relief
- ✚ Balancing the body's Chakras for a smooth flow of energy
- ✚ Strengthening one's connection to the Divine
- ✚ Aiding in decision making and being at peace with situations
- ✚ May increase intuition

It is essential that the client understands that sound & vibration cannot be accepted as a replacement for any prescribed or necessary medical treatment, but is best used as a complimentary treatment. Sound & vibration therapists are not able to diagnose or medically treat any illness or condition.

In a sound & vibration session, clients will remain fully clothed and, if comfortable, will lay on their backs on a treatment table. Occasionally clients may be asked to lay on their stomach. Clients are not expected to do anything during a session except clear their mind, relax, and enjoy. Depending on the type of session being performed, the therapist may lay the hands/crystals/tools gently on different areas of the body to channel the healing energy, or they may simply hover above the body.

Clients may have various experiences, ranging from the feeling of warmth and tingling throughout the body, a sensation of either floating or becoming very light, or the sensation of becoming very heavy and melding into the treatment table. It is common for clients to see colors or visions, have spontaneous muscle jolts, or even have an emotional release such as crying or giggling. Experiences will differ with every client, every time, but it is important for the client to know that regardless of whether any of the above is experienced, the energy is still always working.

Following a sound & vibration session, clients are encouraged to remain as relaxed as possible. Sleep patterns may change, leaving the client either sleepy or energized. Drinking lots of water and eating healthy snacks can help balance energy levels. Journaling is also encouraged to keep track of experiences that may occur following a session. Please be sure to ask your therapist if you have any questions regarding the treatment or post-treatment experiences.