

UNEARTH HEALING & WELLNESS

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Sound/Energy Healing

Confidential Client Intake and Release Form

Name: _____ Date: _____

Address: _____

Email Address: _____ Phone: _____

Current Occupation: _____ Referred by: _____

Date of Birth: _____ Gender: _____ Pregnant? _____

Do you have any injuries that affect your movement or prevent you from sitting or lying easily?

If yes, please describe: _____

Please list any medical diagnosis or condition (i.e., cancer, tumors, organ failure, high blood pressure) or if you have a Pacemaker or metal in your body.

Emergency Contact: _____ Phone: _____

Relationship: _____

Have you ever had a Sound Healing treatment? () Yes () No

If yes, how frequently and when was your last session? _____

Are you interested in receiving a discounted package for longer-term care? _____

Please list all drugs and medications that you are currently taking: _____

What other healing therapies are you currently receiving? _____

What is the intention of your session today and for the future? _____

I acknowledge and give consent for services sound/energy healing to provide me with the intention I listed above. I also understand this form of modality of treatment is not a substitute for medical/mental health diagnosis or treatment.

Signature: _____ Date: _____