



SOUND BOWL IMMERSION

The science of deep states of relaxation

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MEDICAL QUESTIONNAIRE

Welcome! In preparation for a **Sound Bowl Immersion**, I request that you answer several basic medical questions to guide me in your upcoming session. All information will be kept strictly confidential, and will be on file only for the duration of your treatment. You are welcome to add additional commentary.

Questions **#1**, **#2** and **#3** must be answered. Please electronically enter your name and date and return the completed form via email, or bring a hard copy to leave with me. A completed response signifies your agreement. Question 4 is optional and/or can be discussed in person.

#1. Are you currently under the care of a physician for a specific ailment?

YES NO

#2. Are you currently taking any prescription medications?

If YES, please list and describe.

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#3. Do you have any medical devices containing metal located anywhere in your body?

YES NO

#4. Tibetan Sound Bowls aid the body's own innate natural healing processes to align many physical, emotional and energetic ailments and imbalances. Please let me know* if there are specific physical or emotional issues you would like to address.

**Best to call or email to discuss medical issues or specific intentions prior to the session. Once you arrive we will begin to gently focus on slowing down and getting comfortable.*

Your session should take approximately **45 to 75 minutes.**

Please wear comfy, loose layers of clothing, preferably without metal buttons, belt buckles or bra underwire, and remove ALL metal accessories and/or jewelry before entering the space. It is advised that you be well hydrated as we begin the session and to drink water after the treatment.

Please turn your cell phone off or leave it in the car.

By entering your printed name below, you acknowledge your understanding that this work is vibrational and energetic. I will not interfere with the treatment of a licensed physician or medical professional. The services I offer are considered alternative and complementary to traditional western medical practices, and in the state of Montana, the Alternative Healthcare Board under Montana Rules 24.111 governs these services. I have read this information, and the act of arriving for my session confirms my consent to these terms. I will do my best to send this form with my electronically printed name and/or signature below to further acknowledge my agreement to these terms.

Print and sign

NAME:

SIGNATURE:

DATE:

