

Quantum Healing Client Intake

Please complete and email to carolsheirloomgarden@gmail.com (my frequently used email address!)

Name _____

Date of Birth _____/_____/_____ Sex M F Other

Session Date and Time _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Marital status _____

Children _____

Employment _____

Title/Duties _____

How did you hear about Beyond Quantum Healing?

What is the Main Reason you are seeking a BQH Session?

What are you doing, feeling, thinking or saying to yourself about which you'd like to change?

Have you experienced Hypnosis in the past? If so, what was the outcome?

Responsibilities and Liability Release

1. I am willing to be guided through relaxation, visual imagery, hypnosis, and/or stress reduction techniques. I am aware these modalities are non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.
2. I understand the above modalities are not substitutes for regular medical care and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.
3. I understand that change is my own and complete responsibility. I understand that ALL HEALING IS SELF HEALING and that (*Practitioner Name*) is only a “facilitator” in the process of helping me to solve my own problem(s). It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.
4. I understand I may be assigned “homework” or be asked to make changes to my life by my higher self in regard to complete or solidify any healing or changes begun in our session today. I understand that this information and advice for change comes not from the BQH facilitator, but from my own higher being.
5. I understand that my facilitator may elect NOT to proceed with the session if she/he feels it is not in their or your best interest to do so. My Facilitator is NOT liable for travel costs (airline, hotel, etc.) associated with declining a session.
6. I understand that our session will be digitally recorded for my later use. I also understand that the energy in the room can affect the equipment and recording resulting in static or blank recordings.
7. I agree to full release and hold harmless (*Practitioner Name*) from and against any and all claims or liability of any nature arising out of, or in connection with, my sessions.

Client Print full name: _____

Client's Signature

Date _____

Special Use of Information:

I understand that my name and personal information will be kept completely confidential.

I understand that I may share my recording and information in the future in any way that I am personally comfortable.

I understand that often in BQH sessions, universal information is provided through the client to benefit all of humanity. I agree to allow (*Practitioner Name*) to share this information and any accompanying story summary either in audio or video or in written form in blogs or books as long as my identity, name and all relevant personal details are omitted or changed.

Client's Signature _____

Date _____