

*It is my choice to receive Vibrational Sound Balancing – Vibrational Repatterning and I understand that the practitioner will be using gentle sound and vibration during the sessions on or around me as well as possibly use touch. I have completed this form to the best of my knowledge. I have stated all medical conditions that I am aware of and I will update my practitioner of any changes to my health status. I understand that Melissa Zollo is certified by the Vibrational Sound Association, Sound Academy, and she does not diagnose illness, disease, or physical or mental disorders, nor does she prescribe medical treatments or pharmaceuticals. I acknowledge that these sessions are not a substitute for medical examination or diagnosis, and that it is recommended I see a primary health care provider for those services. I understand that I alone am responsible for informing my primary health care provider that I am receiving these sessions and inquiring as to whether or not they may adversely affect my current health condition.

Signature

Date

Privacy Policy: No information about any client will be discussed or shared with any third party without written consent of the client or parent/guardian if the client is underage.