Sounds of Grace

HOLISTIC SOUND MEDICINE CLASSES

REGISTRATION AND DISCLAIMER

All information is strictly confidential, please complete the following:

Name: **mobile:**

Email inside boxes below:

Do any of these health conditions apply to you?

	Yes	No	If yes, please give details
Arthritis			
Back problems			
Depression			
Diabetes			
Heart problems			
High/low blood pressure			
Knee problems			
Pregnancy			
Recent fractures/sprains			
Recent operations			
Metal transplant			
Other			

Payment:

I will be paying the amount of £_____ for _____ classes by: Cash / Bank Transfer

Disclaimer:

I am fully aware that the services I wish to receive are those of a holistic nature and do not serve as a substitute for professional medical advice, examination, diagnosis or treatment.

I consent to the treatment of: *HOLISTIC SOUND MEDICINE by Sounds of Grace.*

The therapist Carolina Baranski does not claim to cure or to diagnose any medical condition in the same regard as a doctor/physician, as their opinion is that of a holistic, complementary and alternative therapist and their professional opinions, advice, examinations and recommendations do NOT constitute the medical advice of a doctor/physician.

Client Signature: **Date:**