Universal Esthetics & Med Spa/M4energetics
New Client Form

Name: _____ Today's Date: _____

Date of Birth: _____ Time of Birth: _____ Place:_____

Address: _____

Phone: home _____ mobile _____ work _____

email: _____

Preferred contact: home phone:☐ mobile:☐ email:☐

What are the main reasons for coming for an Acutonics® session today?

_____

_____

Personal History

Illnesses or injuries, (significant trauma, illness or accidents) both recent or longer term past (with approximate date of occurrence):

_____

_____

_____

Significant illness that runs in your family? (i.e. heart disease, cancer, diabetes, stroke, other?) _____

_____

Emotionally significant events you have experienced or that are active now?

_____

_____

Please describe:

Sleep patterns? _____

Diet? _____

Digestion? _____

Physical pain? _____

Family structure? _____

Any medical history or condition, past or current , that has not been mentioned?

_____

Any information about diet, lifestyle, therapies (current or previous) that has not been mentioned?

_____

Signature: _____ Date: _____

Please read and sign the accompanying forms.

Universal Esthetics & Med Spa/M4energetics
Client Consent Form

Acutonics® is a non-invasive methodology that draws on Oriental medicine, and incorporates the use of sound vibration. In an Acutonics session specific vibratory energy is created through precision-calibrated tuning forks, hand chimes, and planetary gongs. All of the

frequencies generated by the Acutonics sound tools are scientifically derived from the orbital properties of the heavenly bodies, which give us musical intervals, archetypes and correspondences that allow the practitioner to fine tune the therapeutic frequencies that are applied to the acupuncture points, chakras, and points of pain.

The Acutonics Institute of Integrative Medicine, created this modality, and I have studied with the institute and incorporate it into my clinical practice. The institute believes in the creation of partnerships between practitioner and patient and in finding the right balance between conventional and alternative health care models that facilitate the body's innate wisdom to heal. In the course of your session specific tuning forks, and other sound based tools may be selected based on the information that has been provided. A treatment plan will be reviewed with you prior to the session.

It is important for you to understand that Acutonics does not cure, treat, or diagnose specific medical conditions. This methodology is complementary, therapeutic and integrative. It promotes wellness, balance and wellbeing.

By signing below, I acknowledge the following:

- I have honestly and comprehensively answered the above questions.
- I have stated any relevant medical conditions and will keep my practitioner updated on my health.
- It is my responsibility to notify my practitioner if any information provided here changes.
- If at anytime during the session I feel uncomfortable I will inform my practitioner immediately.
- I recognize and understand my responsibilities as a client
- I fully understand the information presented and voluntarily consent to treatment.
- I fully understand that there is no guarantee or implied guarantee about the success of treatments given.
- I have read and understand the above description of Acutonics.
- I understand the scope of practice of an Acutonics practitioner.
- By voluntarily signing below, I consent to the performance of an Acutonics session by the Acutonics practitioner named below. I have discussed a session plan with my Acutonics practitioner and had the opportunity to ask questions.

I intend this consent form to cover the entire series of sessions for which I may visit this practitioner.

_____

Print Name of Client

_____

(If Client is under 18 years old, Print Name of Guardian)

_____

Signature of Client or Guardian Date