

# Kreative Journey

## Wellness Consent & Intake Form

### About These Services

These services are intended for relaxation and wellness. They are not a substitute for medical care.

I am not a licensed physician and do not diagnose, treat, or prescribe for medical conditions.

All services are fee-based, and payment is due at the time of service.

Sound Frequency Sessions support relaxation, emotional balance, and nervous system regulation.

### Client Information

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### Session Intent

What would you like to experience?

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### Client Acknowledgments

I understand this is a wellness service, not medical care.

I acknowledge the practitioner is not a licensed physician.

I understand services are fee-based.

I accept full responsibility for my wellness choices.

### Signature

Type Full Name as Signature: \_\_\_\_\_

Date: \_\_\_\_\_