



Client Intake Form (Confidential)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth: _____

Home Phone: _____ Cell Phone: _____

Male Female Married Divorced Widowed Single Separated

Occupation: _____ Employer: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Person to contact in Case of Emergency: _____

Home Phone: _____ Cell Phone: _____

Are you pregnant? _____

Do you have any implanted medical devices (i.e. pacemaker/pain pump)? _____

What are your areas of concern? _____

What stresses do you have in your life? _____

What would you like to accomplish with Quantum Biofeedback? _____

Can you make changes in your life to help control your stresses and what would they be? _____

How did you hear about me? If you were referred, who were you referred by? _____



**CONSENT TO RECEIVE QUANTUM BIOFEEDBACK,
SPIRITUAL HEALING, AND/OR HERBAL CONSULTATION FROM
LARISSA HENDERSON**

DISCLAIMER

I understand Larissa Henderson is not licensed as a chiropractor, counselor, medical doctor, psychologist or psychotherapist and does not portray herself as such. I understand, she will not diagnose, evaluate, treat, cure, mitigate or prevent any nutritional, medical or psychological disease, disorder or condition. I further understand she will not advise, recommend, suggest or counsel me on any medical or psychological treatment, condition, disorder or disease of any kind. I further understand it is my responsibility to continue my medications and remain under the care of my primary physician.

CREDENTIALS

I understand Larissa Henderson is a Licensed Spiritual Health Life Coach. I understand that she may suggest Spiritual Healing Techniques that I may use to help improve my emotional, physical and spiritual well-being and improve the quality of my life. I understand that these are only suggestions and that I may choose to use the information or disregard the information.

I understand Larissa Henderson is a Certified Herbalist. I understand that she will suggest herbal formulas and supplements for me that might help improve my physical and emotional state so that I may improve the quality of my life. I understand that these are only suggestions and that I may choose to use the information or disregard the information.

I further understand Larissa Henderson is a Certified Biofeedback Specialist and that she will train me with biofeedback for relaxation and muscle re-education so I can learn to reduce my stress, manage my pain, and improve the quality of my life.

SCOPE OF SPIRITUAL HEALING PRACTICE

I understand that Larissa Henderson will coach me so that I may improve my spiritual health. I also understand that Larissa Henderson will use any or all of the following tools to help me improve my spiritual health: Spiritual Quantum Biofeedback, Spiritual Herbal Cleansing, Spiritual Dowsing, Spiritual Response Therapy, Intentional Prayer, Mindful Meditation, Guided Meditation, and Emotional Freedom Technique. I further understand that I may refuse to use any of the tools at any time. I have every expectation that Spiritual Healing will provide me some benefit, but I understand there is no guarantee that it will.

SCOPE OF BIOFEEDBACK PRACTICE

I understand the intended purpose of biofeedback training is for relaxation and muscle re-education so I may learn to: 1) reduce my stress, 2) manage my pain, and/or 3) improve the quality of my life. I understand biofeedback training is generally considered safe, but it is possible that biofeedback may exacerbate some emotional problems or I may become drowsy, at least temporarily, during the biofeedback training sessions. Other potentially harmful side effects not yet

reported may occur. I agree to advise Larissa Henderson anytime I feel any side effects, so corrective steps may be taken to alleviate my discomfort.

I further understand biofeedback is not a substitute for effective standard medical, chiropractic or psychotherapy treatment. Larissa Henderson has advised me to continue ongoing medical treatment and therapies until otherwise advised by my psychotherapist, physician or medical practitioner. I understand it is important for me to stay in close communication with my physician. I further understand it is my responsibility to ask my medical doctor for permission to undergo biofeedback training if I wear a pacemaker or have any medical condition that may be exacerbated by relaxation.

I understand it is my responsibility to monitor the effects of biofeedback training and to continue the training as long as it is beneficial to me. I will tell Larissa Henderson anytime I experience any discomfort during biofeedback training. I further understand that research suggests that while most people gain considerable benefits from biofeedback training, some people may not gain any benefit. I have every expectation that biofeedback will provide me some benefit, but I understand there is no guarantee that it will.

SCOPE OF HERBAL PRACTICE

I understand that herbal and nutritional supplements are considered safe by the Federal Drug Administration but that all known interactions and side effects are not yet fully known. I agree to advise Larissa Henderson anytime I feel any side effects, so corrective steps may be taken to alleviate my discomfort.

I further understand herbal and nutritional supplements are not a substitute for effective standard medical, chiropractic or psychotherapy treatment. Larissa Henderson has advised me to continue ongoing medical treatment and therapies until otherwise advised by my psychotherapist, physician or medical practitioner. I understand it is important for me to stay in close communication with my physician.

I understand it is my responsibility to monitor the effects of herbal and nutritional supplements and to continue the herbal and nutritional supplements as long as it is beneficial to me. I further understand that research suggests that while most people gain considerable benefits from herbal and nutritional supplements, some people may not gain any benefit. I have every expectation that herbal and nutritional supplements will provide me some benefit, but I understand there is no guarantee that it will.

CLIENT CONFIDENTIALITY

I understand my identity and any information about me, whether I share it with Larissa Henderson or she discovers it on her own, will be held in the strictest confidence, except when released by me or specifically required by law. I have the right to waive this confidentiality agreement in whole or part at any time. I also understand that I may give Larissa Henderson permission in writing to contact my primary care practitioner or specialist with regard to the training provided by her and the results I obtain. I have the right to withdraw this permission at any time.

PAYMENT FOR SERVICES

I agree to pay Larissa Henderson \$75.00 by check, money order, cash or credit card for each Biofeedback and/or Spiritual Healing session. I agree to pay Larissa Henderson \$75.00 by check, money order, cash or credit card for my initial herbal consultation, unless it is in conjunction with a Biofeedback and/or Spiritual Healing session, and cover any and all costs of the herbal formulas provided by Larissa Henderson. In the event my check bounces, I agree to pay full restitution plus an additional \$50.00 fee as a penalty.

ARBITRATION

I agree that in the event Larissa Henderson and I are unable to reach an amicable solution to any issues involving Spiritual Healing between us, we will ask the Federation of Spiritual Healer License Boards to assign an arbitrator to settle the issue between us and both Larissa Henderson and I agree to accept and be bound by the arbitrator's decision.

I agree that in the event Larissa Henderson and I are unable to reach an amicable solution to any issues involving Quantum Biofeedback between us, we both agree to accept the decision of the attorney arbitrator of the Natural Therapies Arbitration Council as the final settlement of our differences. I understand this service is provided through the Biofeedback Association of North America (800-985-0819) at no cost to me. I further understand that if the arbitrator finds against me, I will not be required to pay a penalty above whatever amount the arbitrator finds equitable.

CLIENT WARRANTY

By signing below, I acknowledge that I have read and understand this document, and have received acceptable answers to all of my questions about biofeedback services. I consent to receive biofeedback training from Larissa Henderson. I warrant I am not under duress at this time and my consent is given voluntarily and without coercion. I further understand I may discontinue biofeedback training at any time and that I may refuse to participate in any particular or specific biofeedback training without penalty.

Signature: _____ Date: _____

Name (Please print) _____

Address: _____

Phone: _____

Email: _____