

Meditation Intake Form

First Name: _____ Last Name: _____ Date of Birth (MM/DD/YYYY): _____

Address: _____ City: _____ Postal Code: _____

Phone: _____ Email: _____

How did you hear of Visionary Health? _____

Have you participated in music and/or lead meditation? YES NO If yes, explain:

Have you participated in energy healing? YES NO if yes, explain:

Would you like to learn more of our other services/energy work? YES NO if yes, which services interest you?

INFORMED CONSENT- Meditation

I, _____, understand that I will be participating in meditation at Visionary Health Medical Educational Clinic (VHMEC), 5359 Dundas St West, Unit 108, Toronto, Ontario, M9B 1B1.

The meditation circle will be comprised of various VHMEC formally trained health and wellness practitioners as well as others who are trained in various healing modalities.

I fully understand, this meditation circle/experience is in no way affiliated with services rendered at VHMEC, and that I may continue with any services provided with any practitioner and follow the consent of the services provided thereafter.

I consent, that the meditation circle does not provide any guarantee of healing outcomes.

I acknowledge that I am fully responsible for my own health and well-being and that no practitioner or VHMEC shall be held liable for any loss or damage, direct or indirect, incidental, special, consequential, or punitive damages. As such, I agree to indemnify, defend, and hold harmless any practitioner or VHMEC from and against any claims, losses, damages, obligations, costs, actions or demands.

Client Signature:

Date:
