



Heather Holm  
Quantum Healing Practitioner

## Client Intake Form

Session Date \_\_\_\_\_

Name \_\_\_\_\_

Year of Birth \_\_\_\_\_ Sex M F Other

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Marital/relationship status \_\_\_\_\_ Children (ages) \_\_\_\_\_

Occupation \_\_\_\_\_

**How did you hear about Quantum Healing (QHHT, BQH, etc)?**

---

---

**How did you find/hear about me?**

\_\_\_ Official QHHT website                      \_\_\_ QuantumHealers.com  
\_\_\_ Word of mouth (who? \_\_\_\_\_ )    \_\_\_ Other \_\_\_\_\_

What is the main reason you are seeking a Quantum Healing Session?

---

What are you doing, feeling, thinking or saying to yourself that you would like to change?

---

---

Have you experienced Hypnosis in the past? If so, what was the outcome?

---



Heather Holm  
Quantum Healing Practitioner

## Responsibilities and Liability Release

1. I am willing to be guided through relaxation, guided imagery, hypnosis, and/or stress reduction techniques. I am aware these modalities are non-medical in nature and it is my responsibility to consult my regular doctor about any changes in my condition or changes in my medication.

2. I understand the above modalities are not substitutes for regular medical care and I have been advised to consult my regular medical doctor or health-care practitioner for treatment of any old, new or existing medical conditions.

3. I understand that change is my own and complete responsibility. I understand that ALL HEALING IS SELF HEALING and that Heather Holm is only a “facilitator” in the process of helping me to solve my own problem(s). It is my responsibility to be open and honest, provide accurate feedback and be forthcoming with details and information that may help me achieve my outcomes.

4. I understand I may be assigned “homework” or be asked to make changes to my life by my higher self in order to complete or solidify any healing or changes begun in our session today. I understand that this information and advice for change comes not from the Quantum Healing facilitator, but from my own higher being.

5. I understand that Heather Holm may elect NOT to proceed with the session if she feels it is not in her or in her client’s best interest to do so. Heather Holm is NOT liable for travel costs (travel, accommodation, etc.) associated with declining a session.

6. I understand that our session will be digitally recorded for my later use. I also understand that in these types of metaphysical sessions, the energy in the room can affect the equipment and recording resulting in static or blank recordings.

7. Except in the case of gross negligence or malpractice, I or my representative(s) agree to full release and hold harmless Heather Holm from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my sessions.

Client Print full name: \_\_\_\_\_

Client’s Signature \_\_\_\_\_ Date \_\_\_\_\_



Heather Holm  
Quantum Healing Practitioner

**Special Use of Information:**

I understand that my name and personal information will be kept completely confidential.

I understand that I may share my recording and information in the future in any way that I am personally comfortable.

I understand that often in Quantum Healing sessions, universal information is provided through the client to benefit all of humanity. I agree to allow Heather Holm to share this information and any accompanying story summary either in audio or video or in written form in blogs or books as long as my identity, name and all personal and relevant details are omitted or changed.

Client's Signature \_\_\_\_\_ Date \_\_\_\_\_