



Instructions

Step 1&2 are only for first-time clients, those that have done sessions before can skip these two steps.

Step 1: Please complete the below client form, if you have done so in the past, then skip step 1&2, proceed to step 3!

Step 2: Send a photo of yourself, with the completed and signed client form to admin@healthyvibes.shop

Step 3: Select your session from the online menu (International Clients) and complete your purchase through our website.

If you need assistance, please do not hesitate to contact us via email or by sending a WhatsApp message or voice note to +27 76 858 3854

Client Consent Form

Name	
Surname	
Age and Date of Birth	
Cell Number	
Email Address	

I, _____ (complete Name and Surname), hereby agree, accept and declare the following:

- That I give permission for a Quantum Consultant or Counsellor from Healthy Vibes T/A The Quantum Academy to do a Quantum Assessment during a live session, video session or on my photo by accessing my electromagnetic energy.

Healthy Vibes

Certified Quantum Consultants

0768583854

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[@healthyvibes01](#)



- I understand that some of the Quantum Consultants or Counsellors are independent consultants who are neither the employees of, nor agents of or representatives of Healthy Vibes T/A The Quantum Academy.
- I understand that the Quantum Assessment will be done via proxy muscle testing.
- I understand that Muscle Testing and a Quantum Session is not a substitute for medical or psychiatric care.
- I understand that any information given during a session or in a session report is not intended as medical advice and should not be used for medical diagnosis or treatment.
- I understand that the information given in any session is not intended to create any physician-patient or therapist-patient relationship, nor should it be considered a replacement for consultation with a healthcare professional, psychologist, or psychiatrist.
- I understand that Healthy Vibes T/A The Quantum Academy make no claims to guarantee any form of healing or recovery from any illness, physical or mental. The information offered is not meant to replace any medical or psychological treatment. No guarantee is made towards validity. Use this information is at my own risk.
- I understand that the consultant or counsellor is not medically trained, and therefore not diagnosing any medical or physiological ailment or conducting medical treatment. This is merely an informative session to guide and assist me in dealing with possible trauma frequencies trapped in the body and emotional baggage from the past.
- I also understand the Quantum Life Application is an Energy Healing system, used for informative purposes, but not used to diagnose any medical conditions or ailments. This system cannot be used in place of or as replacement to conventional medical care and doctor prescribed medication, and the Quantum Consultant will never advise a client otherwise. I hereby release any consultant or counsellor of Healthy Vibes T/A The Quantum Academy from any past, present or future health related or psychological problems and liability issues that I may have or may develop.
- I agree that I understand that any superfoods, nutrients, essential oils or natural remedies in a session report are only a suggestion, not a prescription, and that I have been advised by the Quantum Consultant to consult a medical doctor before use of any of the above mentioned, and that I should be mindful to perform an allergy test prior to using any of the above mentioned.

Client Questionnaire

Do you suffer from any physical illness or disability, if yes, please provide details.

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What physical symptoms would you like support with? Please list them in order of importance to you, from highest to lowest.

Females only: are you pregnant or suspect that you may be pregnant?

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Have you been diagnosed with a mental illness by a medical professional? If yes, please provide details of diagnosis and medication prescribed.

Are you a Satanic Ritual Abuse survivor, or have you been diagnosed with Dissociative Identity Disorder? If no, do you perhaps suspect that you may have been a Satanic Ritual Abuse survivor or that you may have Dissociative Identity Disorder?



Which spiritual symptoms would you like support with? Please list them in order of importance to you, from highest to lowest.

What motivated you to book this session?

What is the most pressing issue that you would like to address at this time?

Are there specific memories, situations, or patterns that you feel are keeping you stuck?

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Do you experience recurring cycles or emotions (shame, sadness, fear, anger etc.) that you would like to work on?

Do you have recurring dreams, visions or experiences that you feel are significant?

Are you currently receiving other support (medical, counselling, spiritual guidance)?

Anything else we need to know before we start the session?

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Signature of Client:

Date:
