



## Important information regarding your photo session:

If you have completed the client form and sent us a photo of yourself on a previous occasion, please ignore this step in the process! Because we already have your photo and client form, we do not require it again.

If you are a new client, and this is the first time you have booked a session, please complete the below client form, and the client form with a photo of yourself. Without the completed form, and photo, we will not be able to complete your session.

The sooner we receive your completed client form, and photo, the sooner we can schedule your session and provide you with the report from your scan!

Email to: [admin@healthyvibes.shop](mailto:admin@healthyvibes.shop)

Step 1: Decide which type of session you would like to book

Step 2: Use the below banking details to make payment. Please use your name and surname as reference for the payment.

Account Name: Vibracoes Saudaveis

FNB Checque Account

Account Nr 63029392709

Branch Code 230 234

Step 3: Complete the below client form

Step 4: Send us an email, the subject line of the email should be the name of the type of session you would like us to do.

Step 4: Email the completed form, with the proof of payment and a photo of yourself to [admin@healthyvibes.shop](mailto:admin@healthyvibes.shop).

Healthy Vibes  
Certified Quantum Consultants

☎ 0768583854

✉ [healthyvibessa@gmail.com](mailto:healthyvibessa@gmail.com)

📌 @healthyvibes01



## 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.
- 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.

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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.

**Signature of Client:**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

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