

VibraSound Session Form



Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Tel: _____ Referred by: _____

Birthdate: _____ Birthtime: _____ am / pm
 Birthplace: _____ Country: _____
 Astrological Sign: _____
 Occupation: _____



The following information helps us to better serve your individual and sensational needs, please fill it out with care.

Favorite Color: _____ Least Favorite Color: _____

Which of the following issues are affecting you the most right now:

(Please number from 1-3 in order of importance)

- | | | | |
|---------------------------------------|-------------------------------------|--|--|
| <input type="checkbox"/> Relationship | <input type="checkbox"/> Politics | <input type="checkbox"/> Rest | <input type="checkbox"/> Addiction |
| <input type="checkbox"/> Job/Career | <input type="checkbox"/> Children | <input type="checkbox"/> Tradition | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Survival | <input type="checkbox"/> Parents | <input type="checkbox"/> Environment | <input type="checkbox"/> Growth |
| <input type="checkbox"/> Health | <input type="checkbox"/> Family | <input type="checkbox"/> Transcendence | <input type="checkbox"/> Illness |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Recreation | <input type="checkbox"/> Finding Purpose | <input type="checkbox"/> Stagnation |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Finances | <input type="checkbox"/> Freedom | <input type="checkbox"/> Spirituality |

Other: _____

How is the above making you feel right now? *(Circle as many as you like)*

- | | | | | | | | |
|----------|-----------|-------|---------|----------|---------|---------|------------|
| Relieved | Depressed | Happy | Anxious | Ecstatic | Sad | Angry | Frustrated |
| Stressed | Worried | Lost | Hyped | In love | Excited | Relaxed | Blissful |

Please explain: _____

Thank you

MUSIC PREFERENCES: (Please Rate by Number)

Classical	<input type="checkbox"/>	Soft Rock	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Big Band	<input type="checkbox"/>	Hard Rock	<input type="checkbox"/>	Native American	<input type="checkbox"/>
New Classical	<input type="checkbox"/>	Pop	<input type="checkbox"/>	Indigenous/Tribal	<input type="checkbox"/>
Jazz	<input type="checkbox"/>	Dance	<input type="checkbox"/>	African	<input type="checkbox"/>
New Age	<input type="checkbox"/>	Hip-Hop	<input type="checkbox"/>	Middle Eastern	<input type="checkbox"/>
Reggae	<input type="checkbox"/>	EDM	<input type="checkbox"/>	Other	<input type="checkbox"/>

Musical Instruments

	Love it	Like it	Indif.	Hate it
Violins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Piano	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guitar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saxophone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drums	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Male Voc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female Voc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flute	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MYERS-BRIGGS CLASSIFICATION: _____

Extraversion vs. Introversion

Sensing vs. Intuition

Thinking vs. Feeling.

Judging vs. Perceiving

RORSCHACH TEST: _____

ENNEAGRAM TYPE (WITH WING): _____