

**CLIENT INFORMATION**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

Referred By: \_\_\_\_\_

DO YOU WEAR A PACEMAKER?  No  Yes

ARE YOU PREGNANT?  No  Yes  Maybe

Your Birth Date: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Time of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

City and State of Birth: \_\_\_\_\_

**DISCLAIMER**

- I understand that Kristy Moore Hernandez is not a medical doctor, and does not portray herself to be. I fully understand that Kristy Moore Hernandez does not offer allopathic drugs, surgery, chemical stimulants or any conventional treatments; nor does she diagnosis any disease, condition, or illness or perform any act that would constitute the practice of medicine for which a license is required.
- I fully understand that Kristy Moore Hernandez is providing stress reduction retraining protocols, pain management protocols, wellness consultation, biofeedback and quantum entwined subspace protocols.
- I fully understand that Kristy works with devices registered with the FDA as experimental, as well as other modalities. Sessions include re-education of the body, stress reduction protocols for retraining the body, mind, emotions, and spirit to better handle reactions to stress.
- I have solicited Kristy Moore Hernandez's services in good faith, exercising my free will, and following the dictates of my own conscience which allows me to select what I understand to be most beneficial to my health. I am fully aware and release Kristy Moore Hernandez to do stress reduction, biofeedback, quantum entwined subspace, and other stress reduction protocols and retraining.
- By signing below I acknowledge that I have read and understand all parts of this waiver, that I have had the opportunity to ask questions and that I hereby affirm: I am here for biofeedback stress reduction and I am here on this and any subsequent visit solely on my own behalf.

X \_\_\_\_\_  
Signature of Client, Parent, Guardian, or for child or animal

## POLICIES AND PROCEDURES

- Client information is held in confidence.
- Cancellations less than 24 hours notice will be charged a fee and a little karma.
- You will be receiving a Quantum Entwined Subspace Sessions. This is a long distance session given in the comfort of your home from my home. You will receive a phone call, text and or email (per client's request) at the beginning and end of your session. At your request a report will be sent to you.
- No sessions are performed without a fully filled out and signed Client Information and Disclaimer returned to Kristy via email or text. Minors are to be chaperoned by a parent or legal guardian. Special needs adults are to be attended by a caregiver or other responsible adult.
- All pets must have a completed disclaimer, signed by the owner.
- All fees are **\$150 per hour**. Subspace must be paid in advance for new clients without referral  
Credit Cards use: **Venmo** KristyMooreHernandez@gmail.com  
**Zelle** 863-273-3999  
**Paypal** you do not need a Paypal account. Go to [www.paypal.com](http://www.paypal.com)  
choose pay to [kristylove@hushmail.com](mailto:kristylove@hushmail.com)
- Invoices for services are only provided upon request, sent to the email address provided on the intake form. Insurance is not accepted at this time.
- **At this time for my safety all Covid-19 vaxed or sick are run Subspace** due to nano tech shedding.
- Each session is unique and time will vary form one hour to two hours for general stress retraining and can be longer for degenerative, genetic and other extreme stress conditions. The first session is a minimum of 90 minutes. With Quantum Entwined Subspace Sessions appointments, the device is allowed to run until all SUPERconscious choices are rectified.
- Kindly turn off phones and allow this time for yourself. Quantum Entwined Subspace Sessions: **Do not receive any other hands on healing or other intimate activities during a Subspace session**, remain at one location and prepare for relaxation.
- For better results take off wristwatches, metal bracelets, large metal pieces of jewelry. Sit or lay comfortably.

I have read and I understand the Policy and Procedures for Kristy Moore Hernandez. I have had all my questions answered to my satisfaction and I am ready to begin my stress retraining. I understand I may experience relaxation, stress re training and muscle re education.

X  
Signature

Date: \_\_\_\_\_

**What is your #1 concern in seeking wellness service?**

**What is your #2 concern?**

**If your health concerns were gone how would your life be different?**

Feel free and safe to express any concerns, or ask any questions, everything and anything said here *myself included* is held in strict non judgmental confidence

**Additional Notes:**

### SOC: SUPPRESSION AND THE OBSTRUCTIONS TO CURE

Fill in the number in the box to the right of the item.

These items are the Suppressions and Obstructions to Cure or the S O C. This is quickly reviewed each session. The SOC raises our awareness to that which suppresses and obstructs our homeostasis. Homeostasis is the body in balance.

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	Place your # here ↓		Place your # here ↓
# of Organs removed includes teeth		Personal stress 1 is no stress 10 is extreme	
# of OTC and Rx drugs		# Sugar type products per day	
# of Cigarettes and cigars per day		# of Exercise sessions that end in sweat, 20 minutes or more	
# of Steroid drugs in past		# of Alcohol drinks in a typical day	
# of Silver fillings		# of Caffeine products in a typical day	
# of Street drugs in a typical day		# of Toxic exposures, pesticides, radiation, etc	
# of Known allergies		# of Major life threatening injuries in the past	
# of Unresolved mental factors		# of Major life threatening infections in past	
I am responsible for my body, a 10 means you are responsible, any other number someone else is responsible		# of Glasses of water or natural fruit juice in a typical day	
% of Fat in diet ideal is 20%, typical is 40%		Do you see yourself as overweight? If so how much?	
# of Times you meditate or do stress reduction per day		# of Root canal treatments	