



Tomatis® Home Based Program

R	F	G	IS'	ΓR	A ⁻	П	O	N	Ŀ

NAME: ADDRESS: SUBURB/CITY: MOBILE:

Please enrol ______ into the Tomatis® home-based Program and I/we understand the following to be the plan moving forward with Tomatis®:

- <u>Initial Tomatis® Program</u>: A 14 day listening program, 40 minutes twice per day
- 4 week rest
- Follow-up program: 14 days listening program, 40 minutes twice per day
- <u>8 12 week rest</u>
- <u>Third program</u>: 14 days listening program, 40 minutes, twice per day (using Mother's voice recording, if appropriate)
- Post 12 week rest: Further programming to be discussed if required

COST: Tomatis® Initial Consult

Tomatis® Talks Up machine

Tomatis® Subsequent Visit Inc. Listening Check

Mother's voice recording

\$350.00 each \$1400.00 each Complimentary \$200.00 each

The price includes:

- Tomatis® equipment, including a specialised headphone with bone conduction device incorporated
- The design of the Tomatis® program by Dr Donna Palmer
- Consultations after each cycle and three months post cycle completion

PAYMENT CONDITIONS:

- Full payment for the program is required before equipment is released
- A penalty of \$200 per day will apply if the equipment is not returned by the contracted date
- You will be liable for all damages and repairs to any part of the equipment whilst under your care which may result in \$1000 (repairs) or \$4500 (replacement) after diagnostic analysis from a Tomatis technician

CONSENT TO EVALUATION AND PROGRAM:

CONSENT TO EVALUA	TION AND PROGRAM:
I understand that all informavailable to anyone in any An explanation of any risk	to participate in the Tomatis® program. mation will be confidential, and that any data or information gathered will not be made form in which I or my family might be identified personally. sand/or benefits that could adversely effect me (or my child) has been provided and
Any concerns or question	e permission for my minor child) to participate. s have been answered. It is my understanding that the Tomatis® provider has my best he process and I have the right to participate in the direction of my/my child evaluation
I understand the costs inv	olved and I assume responsibility for the costs incurred.

CONDITIONS:

Integrated Wellbeing reserves the right to cancel the course and refund money if there is a shortage of equipment. Should you withdraw a month before doing the program, 20% of the payment will be retained to cover administrative costs.