

New Client Intake Form

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____ D.O.B.: _____
Email: _____ Phone: _____
Emergency Contact: _____ Phone: _____
How did you hear about us? _____

Reason For Scheduling: _____
Have you been treated for this condition? _____ If yes, in what way?: _____

Are you currently being treated by a: _____ Medical Doctor _____ Chiropractor _____ Psychiatrist
If Yes, Name: _____ Released: ___ Y ___ N

Are you allergic to anything? _____
Please list any medications and their purposes.

Med: _____ Purpose: _____
Med: _____ Purpose: _____
Med: _____ Purpose: _____

Have you had any surgeries?: ___ Y ___ N If yes, please explain: _____

Do you have trouble lying in any position? _____

PLEASE CIRCLE ANY CONDITIONS THAT APPLY

Musculoskeletal

Bone or joint disease
Tendonitis/Bursitis
Arthritis/Gout
Jaw Pain (TMJD)
Lupus
Spinal Problems
Migraines/Headaches
Osteoporosis

Nervous System

Shingles
Numbness/Tingling
Pinched Nerve
Chronic Pain
Paralysis
Multiple Sclerosis
Parkinson's Disease

Digestive

Irritable Bowel Syndrome
Bladder/Kidney Ailment
Colitis
Crohn's Disease
Ulcers

Circulatory

Heart Condition
Phlebitis/Varicose Veins
Blood Clots
High/Low Blood Pressure
Lymphedema
Thrombosis/Embolism

Reproductive

Pregnant, stage _____
Ovarian/Menstrual Problems
Prostate
STD/STI

Psychological

Anxiety/Stress Syndrome
Depression

Respiratory

Breathing Difficulty/Asthma
Emphysema
Sinus Problems
Allergies, specify: _____

Skin

Allergies, specify:
Rashes
Cosmetic Surgery
Athlete's Foot
Herpes/Cold Sores

Other

Cancer/Tumors
Diabetes
Drug/Alcohol/Tobacco Use
Contact Lenses
Dentures
Hearing Aids

Any other medical condition(s)
not listed:

Client Responsibilities

Everyone brings their own history with them into a session. In regard to the session you are about to receive, as well as future sessions, please initial next to each of the statements below indicating you have read and understand *all of the rights you have as well as the therapist, and stipulations contained therein.*

I agree to let my therapist know if touch in any area is uncomfortable, needs to be modified for my comfort, and/or simply avoided for a duration of time.

I will inform the therapist of changes in my physical or mental health so that the choice of modalities and touch used is appropriate and customized for my best interests.

I understand that the touch, manner, and/or communication of the therapist is NEVER intended to be sexual or inappropriate in nature. At anytime I feel the touch, manner, and/or communication of the therapist is sexual in nature or inappropriate for me, I agree to immediately inform the therapist so that the session can be stopped or changed.

I understand that touch, in general, can be related to sexual responses, feelings, and/or memories naturally without the intention.

Sexual behavior, advances, and/or language by the client toward the therapist are grounds for termination of the session.

The sessions I will receive are not, in any way, a diagnosis or replacement for necessary specialized medical health or mental health care.

I have the right to:

- control the amount of pressure applied.
- my comfort in the areas of temperature, music, lighting, table positioning, and draping technique for my highest comfort level.
- Talk or not talk, share or not share about my internal experiences.
- Be treated with respect and non-judgement physically, emotionally, or spiritually.
- Experience safety and comfort in respect to area of the body touched and amount of clothing worn/removed.
- Dress and undress in privacy.

Cancellation Policy

We understand that unanticipated events happen occasionally in everyone's life. In our desire to be effective and fair to all clients, the following policies are honored:

12 hour advance notice is required when cancelling an appointment. This allows the opportunity for someone else to schedule an appointment. If you are unable to give us 12 hours advance notice you will be charged the full amount of your appointment. This amount must be paid prior to your next scheduled appointment.

No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show." They will be charged for their "missed" appointment. Late Arrivals If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible for the "full" session. Out of respect and consideration to your therapist and other customers, please plan accordingly and be on time. We look forward to serving you!

Client Signature: _____ Date: _____