

Therapy Intake Form - CONFIDENTIAL INFORMATION

WELCOME! We want like to make your appointment as pleasant and comfortable as possible.
If at any time you have questions regarding your session, please let us know.

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____ Phone _____

Have you ever received yoga, massage or reiki therapy? _____ Yes _____ No

Type of massage experienced (Swedish, shiatsu, deep tissue, etc.) _____

Are you currently taking any medications? _____ Yes _____ No

If yes, please name the reason for medications: _____

Are you currently seeing a healthcare professional? _____ Yes _____ No

If yes, please list names and reason/treatment: _____

Please review this list and check those conditions that have affected your health either recently or in the past.

- | | |
|--|--|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> depression, panic disorder, other psych condition |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> diverticulitis |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> headaches |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> heart conditions |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> back problems |
| <input type="checkbox"/> cancer | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> chronic pain | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> constipation/diarrhea | <input type="checkbox"/> muscle strain/sprain |
| <input type="checkbox"/> auto-immune condition
(AIDS, fibromyalgia, chronic fatigue, lupus, etc.) | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> hepatitis (A, B, C, other) | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> skin conditions | <input type="checkbox"/> seizures |
| <input type="checkbox"/> stroke | <input type="checkbox"/> whiplash |
| <input type="checkbox"/> surgery | <input type="checkbox"/> chemical dependency (alcohol, drugs) |
| <input type="checkbox"/> TMJ disorder | |

If any of the above needs to be detailed or if there is anything else to share, please do so: _____

Do you have any of the following today?

skin rash cold/flu open cuts severe pain injuries/bruises anything contagious

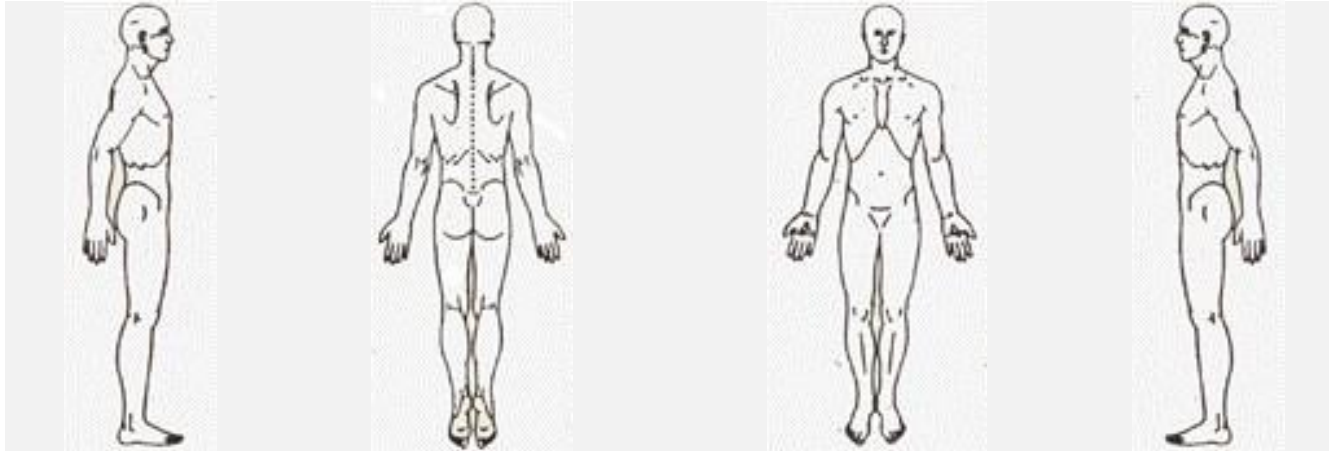
Do you have any allergies?

medications foods (*nuts, etc.*) environmental allergens (dust, pollen, fragrances)
 reactions to skin care products

If any of the above are checked, please give details: _____

Are you wearing: contact lenses hearing aid hairpiece

Please indicate with an (X), if any, the areas in which you are feeling discomfort:



What are your goals/expectations for this therapy session? _____

The following sometimes occur during massage or reiki therapy. These are normal responses to relaxation.
Trust your body to express what it needs to:

*need to move or change position * sighing, yawning, change in breathing * stomach gurgling
emotional feelings and/or expression * movement of intestinal gas * energy shifts * falling asleep * memories*

Please read the following information and sign below:

1. I understand that yoga/massage/reiki therapy is not a substitute for medical examination, diagnosis and/or treatment.
2. This is a therapeutic yoga/massage/reiki session; any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment.
3. Being that yoga/massage/reiki should not be done under certain medical conditions I affirm that I have answered all questions pertaining to medical conditions truthfully.

24 Hour Appointment Cancellation Policy

Rise Wellness has a 24 hour cancellation / rescheduling policy. If you miss, cancel or change your appointment with **less than 24 hours' notice**, you will be charged \$45.

This policy is in place out of respect for our therapists and our clients. Cancellations with less than 24 hours' notice are difficult to fill. By giving last minute notice or no notice at all, you prevent someone else from receiving an essential service.

Thank you for your understanding and cooperation.

I have read & understand this policy (please initial) _____

Signature _____

Date _____