



Sierra Nevada Holistic Services, LLC

407 W. Robinson St.
Carson City, NV 89703
775-720-2563

Client Intake Form

Service(s) Requested: Energy Work Aromatherapy BioMat Meditation

Patient Name: _____

Date of Birth: ____/____/____ Age: ____ Male Female

Address: _____

City: _____, NV Zip: _____ Telephone: () _____ - _____

Email address: _____ Occupation: _____

Emergency Contact: _____ Number _____

How did you hear about us? Friend Gift Certificate Mass Media (Radio, Newspaper) Family
Doctor Website Brochure Community Event Internet Coupon/Social Media Offer

Your Medical History & Information

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional body/mind energy session? Yes No

How recently? _____ Type? _____

What are your goals for this session? _____

Any allergies to lotions, oils, or essences? Yes No _____

Are you currently under the care/supervision of a physician and/or healthcare provider?

Yes No May we contact them to coordinate care, if necessary? Yes No

Name: _____ Phone Number: _____

Please list any medications (prescribed or over-the-counter), herbs, vitamins that you are currently taking. _____

Spiritual/Religious Orientation? _____

Previous/Current Energy Work OR Meditation Practice? _____

Health Information

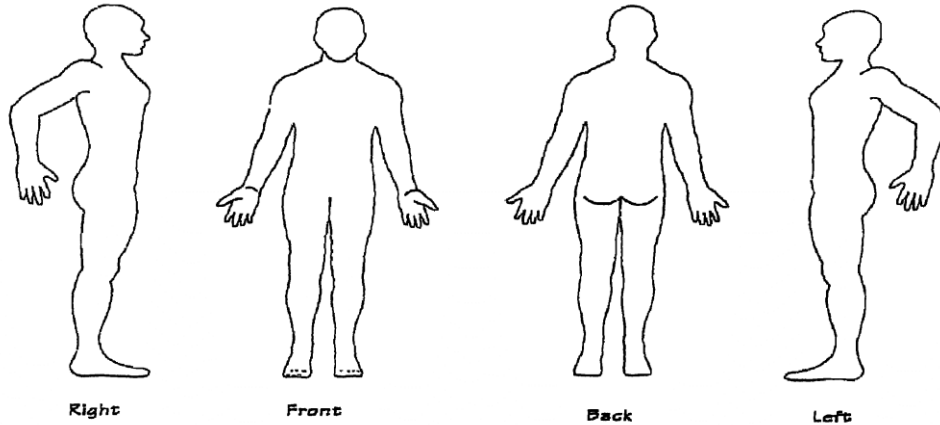
Please mark an **(X)** by all **current conditions** and **(P)** for all **past conditions**

- | | | |
|---|--|--|
| <input type="checkbox"/> Abdominal /digestive problems
<input type="checkbox"/> Allergies
<input type="checkbox"/> Anxiety
<input type="checkbox"/> Arthritis/tendonitis
<input type="checkbox"/> Asthma or lung cond.
<input type="checkbox"/> Athletes foot
<input type="checkbox"/> Blood clots
<input type="checkbox"/> Cancer
<input type="checkbox"/> Chronic pain
<input type="checkbox"/> Circulatory/heart problems
<input type="checkbox"/> Constipation/diarrhea | <input type="checkbox"/> Depression
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Drugs/Alcohol
<input type="checkbox"/> Fatigue
<input type="checkbox"/> Headaches, migraine
<input type="checkbox"/> Hearing problems
<input type="checkbox"/> Hernia
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Jaw pain/TMJ pain
<input type="checkbox"/> Low blood pressure
<input type="checkbox"/> Muscle/bone injuries
<input type="checkbox"/> Muscle/joint pain
<input type="checkbox"/> Numbness/tingling | <input type="checkbox"/> Pregnancy
Stage: _____
<input type="checkbox"/> Rash/fungus
<input type="checkbox"/> Sinus problems
<input type="checkbox"/> Spinal disorders
<input type="checkbox"/> Sprain/strain
<input type="checkbox"/> Tension/stress
<input type="checkbox"/> Vision problems
<input type="checkbox"/> Varicose veins
<input type="checkbox"/> Other _____

_____ |
|---|--|--|

Please list any recent injuries or surgeries within the past 5 years:

Please Indicate Areas that you would like addressed:



Indicate challenges that you face:

	Moderate	High	Chronic
Pain			
Stress overall			
Stress work related			
Relationship issues			
Death of loved one			
Health Crisis			
Sleep Disturbances			
Other specify			

SNVHS Massage/Bodywork Consent & Release of Liability Form

I understand that the massage/bodywork I receive is for the purpose of stress reduction and to help myself. If I experience any pain or discomfort, I will immediately inform my therapist so that the pressure and/or methods can be adjusted to my comfort level. I understand that my therapist does not diagnose any illness or disease, nor perform any spinal manipulations, and does not prescribe any medications/treatments; and any conversation in the course of the session given should not be construed as such. I acknowledge that bodywork is not a substitute for a medical examination, diagnosis, or treatment and that I should see my health care provider for those services. Because bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist’s part should I fail to do so. I understand that I am receiving bodywork therapy at my own risk. In the event that I become injured, ill, or disabled either directly or indirectly as a result, in whole or in part, of the aforesaid therapy I hereby hold harmless and indemnify the therapist, their principals, and agents from all claims and liability whatsoever. Standard draping (if necessary) will be used, unless otherwise agreed to by therapist and client.

Sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature will constitute as sexual harassment and will not be tolerated. The session will be terminated immediately and I will be responsible for the cost of the session in full.

Initials: _____

Cancellation & Late Fee Policy:

Your business is valued and your cooperation is appreciated .We make a commitment to you to guarantee your appointment time and refusing all other’s requests once you have made the appointment. A 24-hour cancellation notice is required for any scheduled appointments. Missed or no-show appointments will result in you being charged the full amount of the session booked unless the appointment can be filled. Cancellations within 24-hours of the scheduled session will be charged ½ (half) the cost of the session. Depending on the booking schedule, late appointments may not receive the full session time allotted for the service booked, but full payment is required. Emergency cancellations are determined by the massage therapist’s discretion. All fees will need to be paid PRIOR to your next appointment. If no-shows or late cancellations happen more than two times, you may be asked to pay for your session at the time the appointment is made. Fees must be paid by cash, check, or credit card. If the therapist is 15+ minutes late, the client will receive a \$15 discount with the option to reschedule for a fully timed appointment or keep the current reduced time & cost appointment. **Initials:** _____

Consent to Treatment of Minor

By my signature below, I hereby authorize a State Certified Massage Therapist at Sierra Nevada Holistic Services, LLC to administer body work to my child or dependent, as they deem necessary.

Guardian Signature: _____ **Date:** _____

Your signature & initials indicate that you have read and agree to the terms listed herein.

Signature: _____ **Date:** _____

Therapist: _____ **Date:** _____