Sierra Nevada Holistic Services, LLC ("SNVHS")

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

Client Intake Form

Service(s) Requested: □Massage □Energy Work □Aromatherapy □BioMat □Meditation

Patient Name: ____

Date of Birth:_____/______/_____ Age: _____ □ Male □ Female

Address: ____

City: ____, State_______ Zip: ___________

Telephone: ( ) ____ - ____________Email address: ________________________________

Occupation: ____________________________

Emergency Contact: _____________________________ Telephone: ( ) ______ - _________

How did you hear about us?

□ Friend ______________________
□ Doctor _______________________
□ Mass Media (Radio, Newspaper)
□ Coupon/Social Media Offer
□ Family
□ Gift Certificate
□ Community Event
□ Facebook
□ Brochure
□ Website
□ Internet Search

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 massage or bodywork session? □ **Yes** □ **No**

How recently? ______________________

What are your goals for this massage session?____

What type of massage pressure do you prefer? □**Light** □**Moderate** □**Deep** □**Mixed**

Do you want similar pressure on all areas of the body worked on by the massage therapist? □**Yes** □**No**

Any areas to avoid either for medical or personal reasons?_______________________________

Any allergies to lotions, oils, or essences? □**Yes** □**No** __________________________________

Are you able to lay face down without difficulties? □**Yes** □**No** ___________________________

Are you currently under the care/supervision of a physician and/or chiropractor? □**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.

____

____

Health Information

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

__ Abdominal/digestive problems	__ Depression	__ Pain
__ Allergies	__ Diabetes	__ Pregnancy
__ Anxiety	__ Drugs/Alcohol	Stage:____________
__ Arthritis/tendonitis	__ Fatigue	__ Rash/fungus
__ Asthma or lung cond.	__ Headaches, migraine	__ Sinus problems
__ Athlete's foot	__ Hearing problems	__ Sleep difficulties
__ Blood clots	__ Hernia	__ Spinal disorders
__ Cancer	__ High blood pressure	__ Sprain/strain
__ Chronic pain	__ Jaw pain/TMJ pain	__ Tension/stress
__ Circulatory/heart problems	__ Low blood pressure	__ Vision problems
__ Constipation/diarrhea	__ Muscle/bone injuries	__ Varicose veins
	__ Muscle/joint pain	__ Other ______________
	__ Numbness/tingling	______________________

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

____

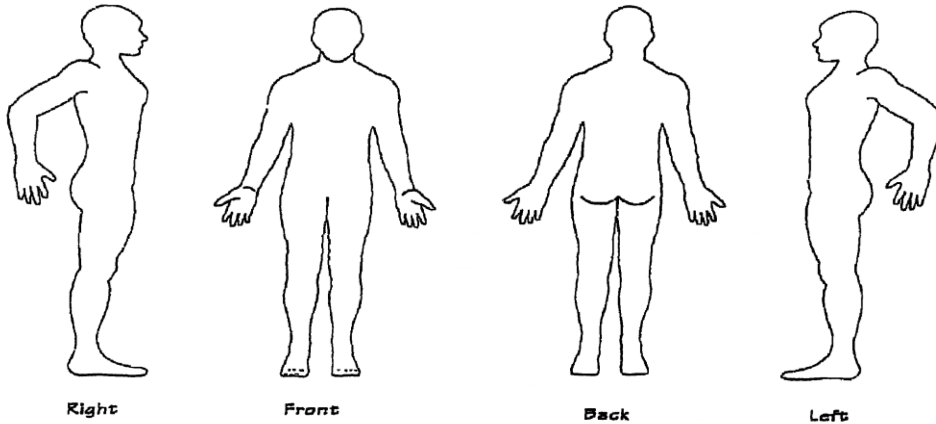
____

Please list your stress-reduction activities, hobbies, exercise and/or sport participation:

____

____

Please indicate areas you would like addressed:



SNVHS Massage/Bodywork Consent & Release of Liability Form

I understand that the massage/bodywork I receive is for the purpose of stress reduction and the relief from muscular tension, spasm or pain, and to increase circulation. If I experience any pain or discomfort, I will immediately inform my massage therapist so the pressure and/or methods can be adjusted to my comfort level. I understand my massage 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 massage/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 massage/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 massage therapist updated as to any changes in my medical profile and understand there shall be no liability on the therapist's part should I fail to do so.

I understand the treatment of massage/bodywork may result in illness, personal injury, and even death. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE MASSAGE/BODYWORK THERAPIST. In the event of injury, illness, disablement or death either directly or indirectly as a result, in whole or in part, of the aforesaid therapy I agree on behalf of myself and my heirs, executors, administrators, and assigns to forever waive, indemnify and hold harmless, release and discharge SNVHS, the therapist, their principals, and agents from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of any relationship, interaction or transaction in any way connected with the massage/bodywork therapy. Body parts that may be massaged include the face, neck, shoulders, back, arms, buttocks, hip flexors, legs (front and back), pectorals, abdominals, ribs, and feet. The massage therapist will not engage in breast massage unless requested by the client and a signed consent is in place. Standard draping 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 for Treatment of a Minor/Dependent
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.

Client Signature: ____ Date: __________

Therapist Signature: ____ Date: __________