

The Energetic Empress

Client Intake & Consent Form

Date: _____

Name: _____ Birthday: _____ / _____ / _____

Phone #:(_____) _____ - _____ Email: _____

Emergency Contact Name: _____

Emergency Contact Phone #: (_____) _____ - _____

• Current **STRESS** Level: (low) 0 1 2 3 4 5 6 7 8 9 10 (high)

• Current **PAIN** Level: (low) 0 1 2 3 4 5 6 7 8 9 10 (high)

• Current **ENERGY** Level: (low) 0 1 2 3 4 5 6 7 8 9 10 (high)

Contributing factors to **STRESS/PAIN/ENERGY** levels: _____

Quality/Quantity of Sleep: _____

Are you currently under medical supervision: **YES / NO** (circle)

• *Condition(s) being treated:* _____

• *Medication(s):* _____

Other Medical History: *(illness, surgeries, accidents, concussions, chronic conditions, allergies, etc. < 6 months)*

Primary reason for appointment: _____

Intention / Desired outcome for session: _____

Anything else you would like me to know?: _____

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I, _____ authorize Erika Smith, LMT of The Energetic Empress, to provide energy and bodywork (*Massage, Polarity Therapy, Integrative CranialSacral, Reiki, Reflexology, Intuitive Guidance, and/or but not limited to Sound Healing*).

I understand the therapy I am going to experience is an energy-based and hands-on form of holistic healing, which may utilize bodywork, facilitated dialogue, verbal coaching, sound, and exercise/nutrition consultation. Techniques range from gentle on or off body touch, active/rocking touch, to deep pressure point touch.

This treatment is **NOT** intended to replace any other forms of medicine, psychotherapy, and/or medical or professional treatment. This treatment is complimentary to all other forms of therapy.

Possible side-effects during and after treatment:

- Release of painful memories (*emotional traumas are often stored in the body as tension*)
- Nausea
- Release of lactic acid and toxins stored in the body tissue
- Discomfort / Pain when pressure points are stimulated
- Tingling or burning sensations as blood circulation increases

After Treatment Care (up to 72 hours):

- Drink plenty of water to aid in your body's natural healing process
- Time to integrate session (*rest, self-care, grounding, etc.*)
- Warm Sea Salt/Epsom Salt & Baking Soda baths (*muscle soreness is common*)
- Journaling helps aid the process of emotional releases
- Avoid making big decisions/triggering events (*leaving a partner, quitting a job, moving, etc.*)
- Use precaution when using alcohol and/or recreational drugs (*lower tolerance*)

I AGREE TO:

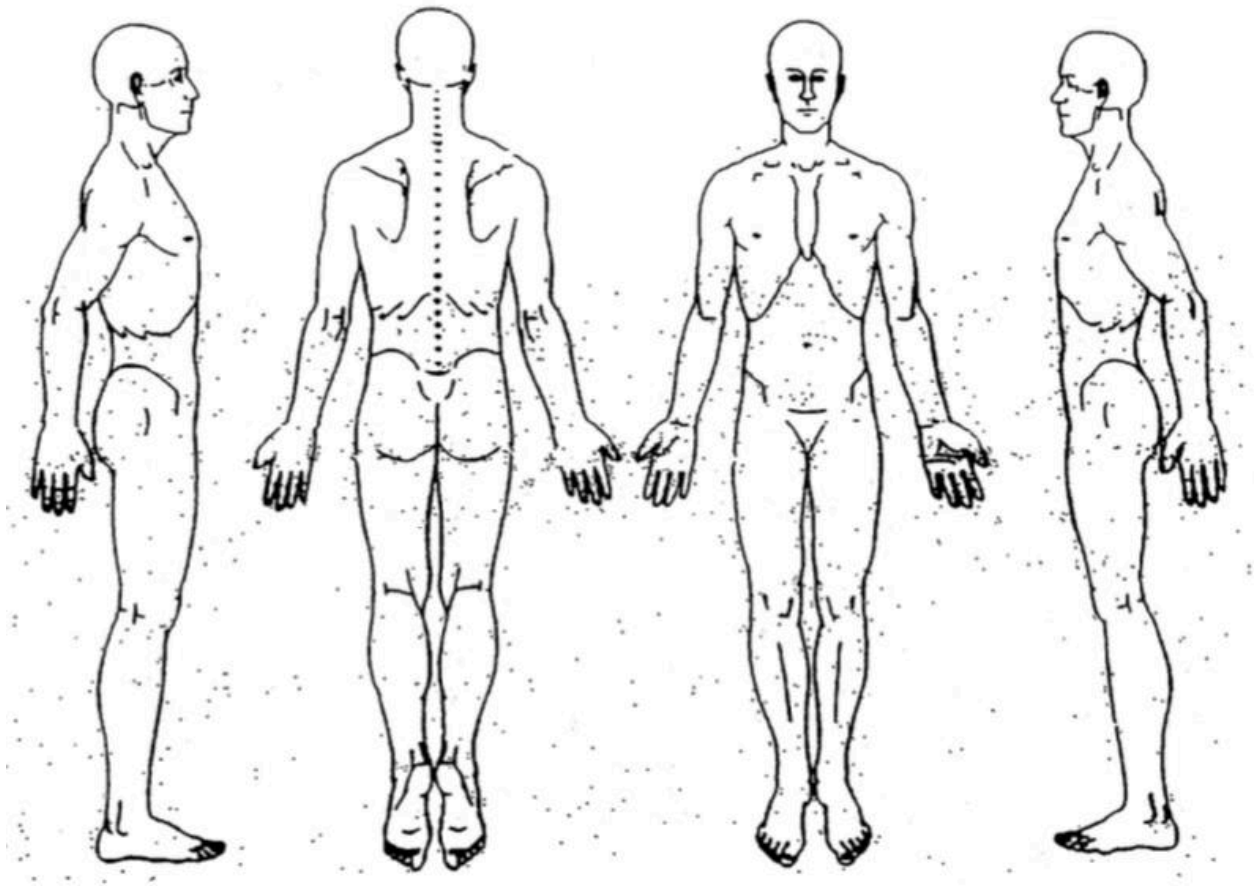
- Call/Text Erika immediately if anything comes up that I need support or resource around to assist my process (*within 72 hours of session - nothing is too small*)
- Fully disclose any physical or mental health issues that may be necessary to know in order to assume my safety and/or to prevent physical or emotional injury.
- Inform Erika immediately if anything is physically/emotionally uncomfortable or painful during the treatment.
- To release Erika Smith, LMT of Mystic Touch Massage & Bodywork LLC from any legal liability

For your wellness, Erika Smith has the right to refrain from providing services or modify protocols when contraindications become known. Furthermore, any inappropriate actions, requests, and/or behavior will not be tolerated and will result in immediate termination of the session without a refund. Your signature below confirms you have read, understand, and agree to the above and hereby give your consent to receive treatment.

Signature: _____ Date: _____

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Therapist Notes: