

# Client Intake Form

Sydney Jourard, LMT

~ The Spirit Spa ~

Name \_\_\_\_\_ Preferred Pronouns \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_ Astrology and/or Human Design type \_\_\_\_\_

Occupation \_\_\_\_\_ Passions \_\_\_\_\_

Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_ - \_\_\_\_\_

How did you find the Spirit Spa? \_\_\_\_\_

Do you have any medical conditions that I should be aware of?

Any known contraindications for hands-on bodywork?

Plz note any major physical traumas and major surgeries :)

Do you have any allergies or sensitivities to foods, plants, scents, or common body-care ingredients?

What is alive for you right now? The easy, the hard, the curiosities...

What intentions can I hold with you during our time together?

What practices and other support do you currently have in your life?

(plant medicine, therapy, movement, creative expression, community, etc)

Bonus Questions ~

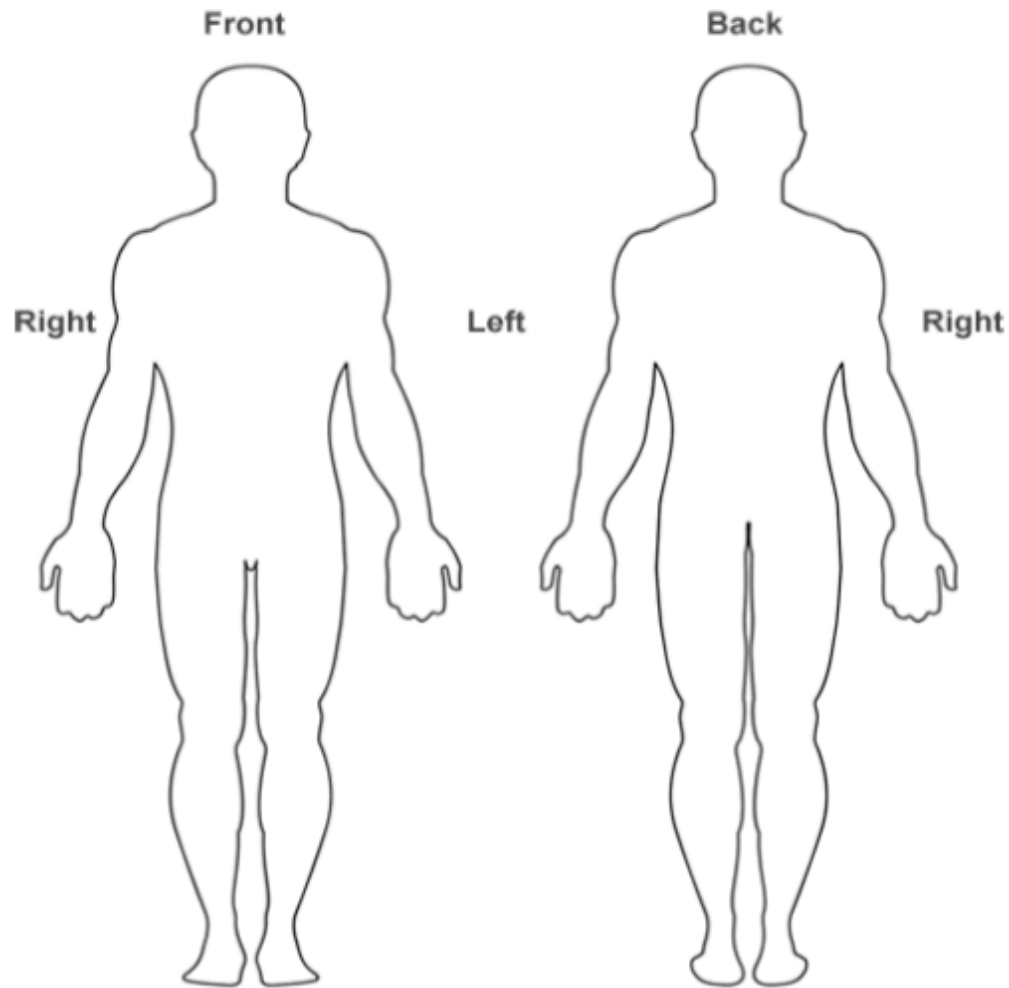
What's your favorite song right now?

If you menstruate, where are you at in your cycle?

How old is the inner child that is asking for your attention these days?

Please draw on the figures below to indicate areas of the physical + energetic bodies that hold tension, pain, or any other sensations for you.

Get creative! Use words, shapes, color...



Thank you for being vulnerable & sharing about your sacred self.

---

**By signing below, you agree to the following:**

It is my choice to receive massage therapy. I am aware of both the benefits and risks and give my consent to receive massage. I acknowledge that massage therapy is not a substitute for medical care. I have accurately stated all medical conditions to the best of my ability and will inform my massage therapist of any changes to my health.

And lastly, I vow to be an engaged participant in my own healing!

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_/\_\_/\_\_