



relaxation with purpose  
**THE RADIANCE SPACE**  
— OF —  
MASSAGE & ENERGY BALANCE

## Pre-Treatment Client Intake Form

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency Contact (Name & Phone): \_\_\_\_\_

### 1. Treatment Booking

Which treatment are you attending for today?

- Holistic Full Body Massage
- Physical Recovery Focused Massage
- Intentional Lymphatic Drainage
- Pregnancy Massage (Post First Trimester)
- Nurturing Natural Lift Facial
- Stress-Buster Chair Massage
- Seated Indian Head Massage
- Intuitive Energy Healing
- Dry Body Brushing
- Chakra Crystal Set
- The Radiance Signature
- The Illumination Signature

## 2. Health History

Do you currently have, or have you previously experienced:

- Heart condition
- High or low blood pressure
- Diabetes
- Epilepsy or seizures
- Cancer (past or present)
- Autoimmune condition
- Recent surgery (within 6 months)
- Recent injury or fractures
- Chronic pain
- Varicose veins
- Blood clotting disorder
- Skin conditions (eczema, psoriasis, infections)
- Allergies (please specify below)
- Pregnancy

Please provide details for any ticked conditions:

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## 3. Current Concerns

Are you currently experiencing:

- Neck / shoulder tension
- Back pain
- Headaches / migraines
- Stress / anxiety
- Poor sleep
- Fluid retention / swelling
- Emotional overwhelm
- Hormonal changes
- Other (please specify)

Details:

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## 4. Pregnancy (If Applicable)

If booking Pregnancy Massage (Post First Trimester):

Weeks pregnant: \_\_\_\_\_

Have you received consent from your healthcare provider?  Yes  No

Any pregnancy complications? \_\_\_\_\_

## 5. Preferences & Comfort

Preferred pressure:

Light

Medium

Firm (not available for Intentional Lymphatic Drainage)

Areas to focus on: \_\_\_\_\_

Areas to avoid: \_\_\_\_\_

Are you comfortable with the use of:

• Massage oils  Yes  No

• Essential oils  Yes  No

• Crystals during treatment  Yes  No

• Energy work (Reiki/Rahanni/chakra alignment)  Yes  No

• Scented candles  Yes  No

• Incense  Yes  No

Do you have any scent sensitivities or allergies?

\_\_\_\_\_

## 6. Consent & Understanding

I understand that:

- Massage and energy healing are complementary therapies and not a substitute for medical treatment.
- I have disclosed all relevant medical information.
- I will inform the practitioner of any changes in my health.
- I may stop the session at any time if I feel discomfort.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Before Your Treatment

To help you get the most from your session, please:

- Wear loose, comfortable clothing
- Drink plenty of fluids before your appointment
- Avoid eating a large meal immediately prior to treatment

Arriving relaxed and well-hydrated will support both your comfort and the effectiveness of your session.