

Path Into the Heart LLC

Confidential Health Intake and Waiver and Release Form

Check here to opt out of seasonal newsletter and updates ____

Name: _____

Address: _____

City, State, Zip: _____

Phone number: _____

Email: _____

Birthday: _____

Referred By: _____

Emergency contact/relation/phone number _____

Occupation: _____

How did you hear about us? _____

What are the reasons for your visit today? _____

What are your health concerns? _____

What are your goals for this treatment? _____

Do you receive regular bodywork or holistic care? Please list? _____

Please list any medications or reasons for taking them? _____

Please list any accidents, injuries, and surgeries plus date. _____

Medical conditions? _____

Do you experience any on-going pain? Please explain? _____

Are you experiencing the effects of Trauma? _____

What are your current self care activities? _____

Is there any other information that you would like to include that you think would be helpful?

Path into the Heart LLC Liability and Release

I understand that the bodywork/massage/craniosacral therapy/reiki/reflexology/shiatsu/somatic engagement sessions/shamanic healing/yoga/remote healing sessions I receive is provided for the basic purpose of relaxation, relief of stress, physical tension, and mind, body, and spirit awareness and connection. I understand that any treatment may present some unwarranted risk of injury. I understand that Somato Emotional Release is part of Craniosacral Therapy to provide the relief of energy disturbance in the body and may or may not bring up past trauma, memories, past and present experiences that is significant or insignificant to healing. I understand that massage, reiki and craniosacral therapy work on the physical/emotional/and spiritual level and may or may not experience a variety of different effects that are very individual to the receiver in the day/days after the session. If I experience any pain or discomfort during this session, I will inform the practitioner.

I agree to release Meredith Guthrie LMT, RYT/ Path into the Heart LLC from any liability of injury, demand, claim, or cause of action of any kind that happens during a massage, shiatsu, craniosacral, reiki, reflexology, somatic engagement, shamanic healing session, class, program, or event while on the premises of Path into the Heart LLC office site, including but not limited to, the inside and outside premises/parking lot.

I further understand that bodywork should not be a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor, psychotherapist, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness.

I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep practitioner updated to any changes that occur in my body or medical conditions and that there should be no liability on the practitioner's part if I fail to do this. I also understand that any illicit or sexually inappropriate behavior, verbal remarks, or advances by me will result in immediate termination of session and required to pay full amount for session time.

I understand that cancellations without 24 hours in notice will be charged a \$50 cancellation fee for one hour session, \$75 fee for 90 minute session, and \$100 fee for two hour sessions. Cancellation 2 hours before and no shows will be charged full amount. Inclement weather cancellations will be considered at the time of cancellation.

I also understand that late arrivals will be charged for full amount of service time and end at regular time unless specified differently.

*** your email that was used to book the appointment will be kept on file with me in the Acuity/Squarespace scheduling system and kept private. You may receive emails and have the option to unsubscribe at the bottom of emails.

Client Signature _____

Date: _____