

# Peaceful Touch Healing Arts

## Confidential Health Intake and Waiver and Release Form

Check here to opt out of seasonal newsletter and updates \_\_\_\_

Name: \_\_\_\_\_

Referred by: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email \_\_\_\_\_

Birthday: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

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 or surgeries (date and description): \_\_\_\_\_

\_\_\_\_\_

Medical conditions? \_\_\_\_\_

\_\_\_\_\_

Do you experience any on-going pain? Please explain? \_\_\_\_\_

\_\_\_\_\_

What are your current selfcare activities? \_\_\_\_\_

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

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### **Liability and Release**

I understand that the bodywork/massage/CST/reiki/reflexology I receive is provided for the basic purpose of relaxation and relief of physical tension. 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 / Peaceful Touch LLC from any liability of injury, demand, claim, or cause of action of any kind that happens during a massage, craniosacral, reiki, or reflexology session, class, or event while on the premises of Peaceful Touch 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, 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 preform 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 \$25 cancellation fee and cancellation 2 hours before and no shows will be charged full amount. I also understand that late arrivals will be charged for full amount of service time.

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

**Client Signature** \_\_\_\_\_

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

**Signature of parent or guardian (if child is under 18)** \_\_\_\_\_