



Client Intake & Consent Form

Name: _____ Date of Birth: _____

Cell phone: _____ Alternate phone: _____

Email: _____

Please indicate if you would like to receive timely information about health, well-being, and healing arts offerings by joining our mailing list (we will not share your contact information with any third party) **Please circle one: Yes / No**

Emergency Contact Name and Phone: _____

How did you hear about us? _____

Have you ever had a Reiki, Swedish massage, Thai massage, or Abhyanga session before (as applicable)? _____

If yes, when was your last session? _____

How often do you receive treatment?

Do you have a particular area of concern? _____

Do you have any sensitivities to oils or fragrances? _____

Do you have any areas of the body sensitive to touch? _____

Please indicate any health conditions that your practitioner should be aware of:

Do you have any movement restrictions? If yes, please describe:

Do you have anything else your practitioner should be aware of? (ie. recent wounds/bruise, ticklish, etc.)

On a scale from 1-10, what is your current stress level? _____

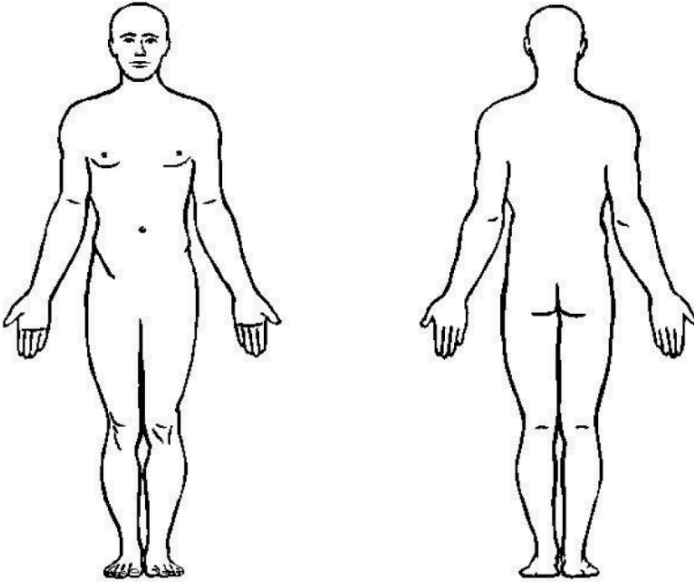
On a scale from 1-10, what kind of pressure do you generally prefer? _____

What is your intention for the session today?

Is there anything mentally or emotionally that you would like to let go of?

What is your spirit wishing for/desiring?

Please circle the areas of tension on the diagram below:



Agreement of Release and Waiver of Liability

I understand that massage and Reiki are techniques used for stress reduction and relaxation, and are not meant to diagnose or treat any physical or mental disorder, illness, injury or condition. It is recommended that I see a licensed physician or health care professional for any physical or psychological ailment I may have. I understand that If I have a specific medical condition or symptom, receiving massage may be contraindicated or require modification. A referral from your primary care provider may be requested prior to receiving massage treatment. Laura Lin Healing Arts will not be held liable for any injury or similar condition that arises from the application of massage. I also understand Reiki can complement any medical or psychological care I may be receiving and in most cases is not contraindicated. I understand that the body has the ability to heal itself, and to do so, complete relaxation is often beneficial. I acknowledge that long term imbalances in the body often require multiple sessions in order to facilitate the level of relaxation needed by the body to heal itself.

Release of liability—Signature: _____ Date: _____