

Footprints to Wellness, LLC.

Client Intake Form

Please complete the intake form as thoroughly as possible. All information is completely confidential and will greatly enhance the work we are able to accomplish together.

Name	Today's Date
Address	Email
City, State, Zip	Telephone
Date of Birth	Method of correspondence ___ email ___ mail ___ newsletter
Occupation	Where did you hear about me?
Emergency Contact (name & phone)	

1. How would you rate the current state of your health: Excellent___ Good___ Fair___ Poor___

2. Are you currently under a doctor's care? If so, explain:

3. For women, are you pregnant? Yes/No If yes, how far along? _____

4. List other therapies besides conventional medicine or chiropractics in which you are currently participating:

5. Are you taking any medication? Yes/No If so, what?

6. List previous major illnesses, accidents, surgeries or broken bones:

7. Are you experiencing any problems with your feet or back? If so, explain:

8. Where is tension most evident in your body? _____

9. Do you have any specific goals for our session? _____

10. Have you experienced Reflexology, Reiki or Raindrop? Please circle

11. Do you have any known allergies to essential oils, fragrances or lotions? Please explain

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Client Consent Form

I, _____, (print name; if a minor, include name of responsible party) understand that the balancing session provided by Footprints to Wellness, LLC. is intended to reduce stress, enhance relaxation and increase communication within areas of the body.

I understand that BodyTalk, Reflexology, Reiki, Raindrop Technique and Access Bars are not a substitute for medical examination, diagnosis, treatment or medications. I understand that the practitioner is not a doctor and is not qualified to perform spinal or skeletal adjustments, make medical diagnoses, prescribe or adjust medical prescriptions, and that nothing said in the course of the session(s) should be construed as such.

I understand that participation in a balancing session is voluntary and that at all times I may choose to end my participation. In addition, session(s) may entail light tapping and touching of energy points on the body. The practitioner will inform me where tapping and/or touching by the practitioner and/or myself will occur, thus allowing for my ongoing consent.

I understand that any information exchanged during the session is educational in nature and is to be used at my own discretion. I also understand that any information imparted during these sessions is confidential and will not be released without my prior written consent, except as required by law.

I understand that by providing this informed consent I am assuming full responsibility for my balancing session and I hold harmless the practitioner, health clinic, and facility/location where the session is provided.

I affirm that I have stated all my known medical conditions, and answered all questions honestly and completely. I agree to keep the practitioner updated as to any changes in my medical profile, and understand that there shall be no liability on the practitioner's part should I fail to do so.

I give my permission for the use of appropriate equipment (like bolsters, blankets, etc.) to be used in the session as an aid to the practitioner or to ensure my comfort.

Payment by cash, check or credit is due at the time of service. Since time has been especially reserved for me, **I understand that a 24-hour cancellation notice is expected and missed appointments will be charged.**

If I have any questions or concerns, I will address these promptly with the practitioner. I hereby authorize Footprints to Wellness, LLC. to provide me with balancing sessions.

Signature _____ Date _____
Client (or, if a minor, parent or guardian)

Print Name _____