**Healing Garden Therapies, LLC**

**Confidential Client Intake Form**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_**

**Telephone:(HM)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Cell) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(WK)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referred By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you currently under medical OR therapeutic treatment? Yes\_\_\_\_\_\_\_\_\_\_­­­\_\_\_ No\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_**

**­**

**What Medications do you take?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any recent accidents OR surgeries? If so please list the type and date of injury:\_\_\_\_\_\_­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Are you Pregnant? What is your due date?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please check all of the following that apply to you, past and present.**

**\_\_Allergies \_\_Blood Clots \_\_ Athlete’s Foot \_\_Arthritis \_\_Fibromyalgia \_\_Skin Disorder \_\_Varicose Veins \_\_Sciatica \_\_Diabetes \_\_Headaches \_\_Dizziness \_\_Cancer \_\_Scoliosis \_\_Heart Condition \_\_Neck Pain \_\_Back Pain \_\_Chest Pain \_Numbness/Tingling \_\_High/Low Blood Pressure \_\_Edema**

**Please list any additional health conditions the therapist’s should be aware of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What are your major complaints or concerns today?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELEASE AND CONCENT: I have informed the massage therapist of all my known physical and medical conditions. I will keep the massage therapist updated on any changes in the future. I understand that the massage therapy is not a substitute for medical treatment or medication, and that it is recommended that I concurrently work with my Primary Physician for any conditions I may have. I am aware that the massage therapist does not diagnose illness and disease, does not perceive medications, and that spinal manipulations are not part of massage therapy. Therefore, I release Healing Garden Therapies, LLC and Massage therapist of any and all liability. I Hereby Freely give my permission to be massaged.**

**Cancellation Policy: A 4 hour notice must be given when booking a single person. Two or more appointments must give 24 hour notice of cancellation. A credit card number will be taken to reserve all appointments. In the case of NO SHOWS or not cancelling within the required time, we reserve the right to charge up to half the service/services booked. Thank you for your consideration.**

**Clients Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Therapists Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**