Client Intake Form

Personal Information

Name _____ Phone (M / H / W) _____

Email _____ Date of Birth _____

Address _____ City/State/Zip _____

Occupation _____ Primary Physician _____

Emergency Contact _____ Relationship _____ Phone _____

How did you hear about us? _____

Medical Information

Are you taking any medications? ☐ yes ☐ no

If yes, please list name and use: _____

_____

Please indicate any of the following that apply to you:

☐ Cancer	☐ Fibromyalgia
☐ Headaches/Migraines	☐ Stroke
☐ Arthritis	☐ Heart Attack
☐ Diabetes	☐ Kidney Dysfunction
☐ Joint Replacement(s)	☐ Blood Clots
☐ High/Low Blood Pressure	☐ Numbness
☐ Neuropathy	☐ Sprains or Strains
☐ Chronic Pain	☐ Pregnant
☐ Orthopedic Injuries	☐ Other

Explain any condition you have marked above:

_____

_____

_____

_____

Please list any treatments you are currently undergoing for health conditions, including alternative modalities like acupuncture, chiropractic, etc

_____

_____

Please list any major life traumas (injuries, hospitalizations, loss of a loved one, etc) and approximate age:

_____

_____

_____

Session Information

What type of service are you seeking? (check all that apply)

☐ Code Work ☐ Jin Shin Jyutsu ☐ Massage ☐ Reiki

Do you have any allergies or sensitivities? ☐ yes ☐ no

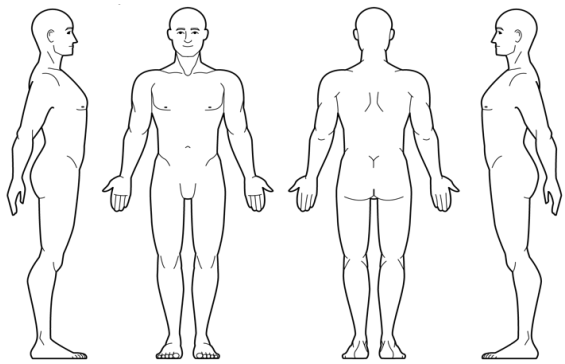
Please explain _____

What are your goals for treatment? _____

_____

_____

Please circle any areas of physical discomfort



Massage Information

Have you had a professional massage before? Yes / No

Are there any areas (feet, face, abdomen, etc) you do not want massaged? ☐ yes ☐ no

Please explain _____

What pressure do you prefer? ☐ Light ☐ Medium ☐ Deep

By signing below, you agree to the following:

I have completed this form to the best of my ability and knowledge and agree to inform my therapist if any of the above information changes at any time.

Signature _____ Date _____

Informed Consent and Liability Waiver

I understand that all massage/bodywork/energy healing techniques utilized by Kristian Googe and Vitality Wellness by Kris, LLC ("Vitality Wellness") are provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow. These techniques support the body's natural ability to heal by promoting harmony and balance within. Detailed descriptions of all services offered are available at www.yourpathtovitality.com

If I experience pain or discomfort during the session, I will immediately inform my therapist so the session can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. Draping will be used during massage sessions - only the area being worked on will be uncovered. All other modalities/techniques, including medical massage, are performed over the clothes.

I understand that my therapist is not a doctor, and any services offered during sessions are not a substitute for medical care. My therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness. No claims are made as to healing or recovery from any illness I may have now, nor the prevention of any illness I may have in the future. No guarantee is made towards validity. Any suggestions made regarding supplementation or reinforcement of any kind should not be considered as prescriptions. I may follow these suggestions at my own risk, with the recommendation that I seek the advice of my primary doctor to ensure there are no contraindications.

I understand that my client information and records are treated in a confidential manner, compliant with HIPAA. I have the right to discontinue services, change consent, or leave at any time.

While most energy healing methods are gentle, there may be risks. In approximately 20% of sessions, "processing" may occur as the energy body adjusts. Temporary symptoms may include irritability, fatigue, headaches, or sleep disturbances. This "processing" appears to be a normal part of regaining energetic balance and typically lasts no more than 48 hours. Staying hydrated may ease these symptoms.

Except in the case of gross negligence or malpractice, I and my representatives agree to fully release and hold harmless Kristian Googe and Vitality Wellness for and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my sessions.

X_____

Client Name (Print)

X_____ X_____

Client Signature Date

Liability Release For COVID-19 and other Infectious Diseases

All necessary precautions are being taken, including sanitation and disinfecting practices recommended by the CDC and WHO, to ensure the health and safety of our clients and staff and to limit the spread of communicable diseases (more information available at www.yourpathtovitality.com).

Any client who:
- is exhibiting Flu- or COVID-like symptoms;
- has exhibited these symptoms within the last 14 days leading up to their appointment;
- has been knowingly exposed within 30 days, either directly or through a member of your household being exposed;
- has received a positive diagnosis within the last 30 days leading up to their appointment

…should reschedule their appointment to help prevent possible exposure and spread to others.

By signing below, you agree to abide by this policy for all future sessions. You also agree that you and your representatives (spouse, heirs, executors, administrators, legal representatives, etc) do fully release and hold harmless Kristian Googe and Vitality Wellness by Kris LLC for and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my sessions, up to and including the unintentional exposure to or harm from COVID-19.

X_____ X_____

Client Signature Date