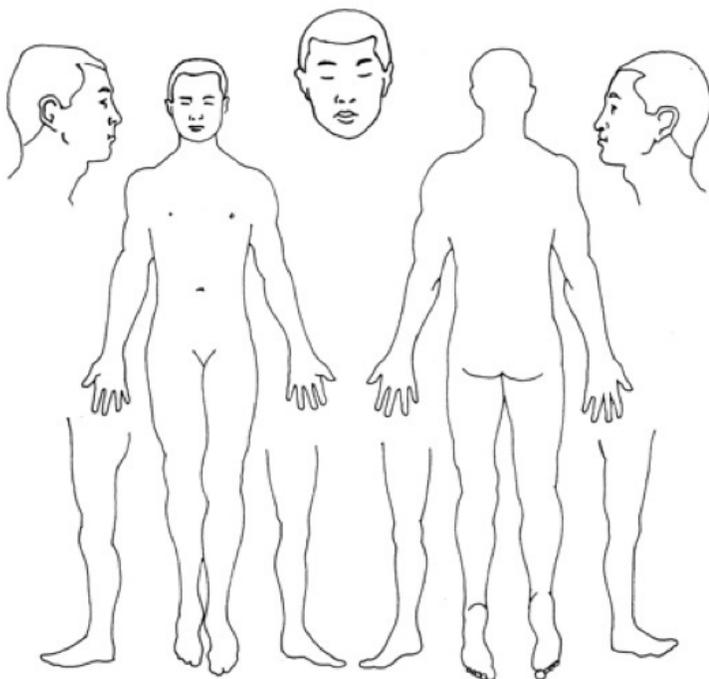


Name: _____ Phone: _____
 E-Mail Address: _____
 Physical Address: _____ Zip: _____
 Date of Birth: _____ How did you hear about us? _____
 Emergency Contact: _____ Relation: _____ Phone: _____

Are you pregnant? Yes No If yes, what trimester? _____ Current athletic ability: Poor Average Good
 Do you have any allergies (especially to nuts)? No Yes (specify) _____
 What is your chief complaint or reason(s) for this visit? _____
 What worsens the condition? _____
 Are you currently seeing a doctor for any reason? No Yes (explain) _____
 Which service(s) have you experienced? Massage Acupuncture Yoga Reiki Other _____
 Regarding massage, what type of pressure/techniques would you anticipate? _____
 Have you been involved in an accident, had surgery, or been hospitalized in the last 3 years? Yes No
 List any chronic conditions that you deal with on a regular basis: _____
 Are you taking any medications or herbs? No Yes (specify) _____

MARK PAINFUL OR DISTRESSED AREAS

For massage: X = avoid areas, O = focus massage on these areas



Review this list and check those conditions that apply to you.

- | | |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Hip Replacement | <input type="checkbox"/> Currently in Chemotherapy |
| <input type="checkbox"/> Pregnant | <input type="checkbox"/> Rib fracture/bruise |
| <input type="checkbox"/> Disc Herniation | <input type="checkbox"/> Spinal Compression Fracture |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Neck Trauma/Pain |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Open Wounds |
| <input type="checkbox"/> Current Fractures | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Rotator Cuff Tear |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Shoulder Trauma |
| <input type="checkbox"/> Hernia | <input type="checkbox"/> Spinal Trauma |
| <input type="checkbox"/> Knee Replacement | <input type="checkbox"/> Stroke History |
| <input type="checkbox"/> Low Back Trauma/Pain | <input type="checkbox"/> Vertigo |



GENERAL INTAKE

Agreement of Release and Waiver of Liability *(please read and sign)*

I understand that cancelled or missed appointments without 24-hour notice (medical emergencies excluded) may be charged in full for the price of missed session.

I understand the service(s) I am receiving may be contraindicated for specific medical conditions and symptoms. I further understand the services are not substitutes for medical care and that therapists for these services do not diagnose disease, prescribe medicine or manipulate bones. If at any time during the service I feel uncomfortable, I may end the session. I take responsibility for alerting my therapist or instructor to any changes that occur with my health.

I understand that draping of the breast will be used at all times for female clients during each session for massage and cupping, and therapists will not massage the breasts without written consent. I understand that draping of the genital area and gluteal cleavage will be used at all times for all clients during each session for massage and cupping.

For classes, workshops, private yoga & reiki: I agree that I am participating in sessions offered by Serasana during which I will receive information and instruction. Physical exertion is expected, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved. I understand that it is my responsibility to consult with a physician prior to and regarding my participation. I represent and warrant that I am physically fit, and I have no medical condition which would prevent my full participation. In consideration of being permitted to participate, I agree to assume full responsibility for any risks, injuries, or damages, known or unknown, which I might incur as a result of participation.

I knowingly, voluntarily, and expressly waive any claim I may have against Serasana, its owners, teachers or therapists for injury or damages that I may sustain as a result of my participation. I, my heirs or legal representatives forever release, waive, discharge and covenant not to litigate Serasana, its owners or any of the other teachers for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Client signature: _____ **Date:** _____

If under 17 years, signature of legal guardian: _____ **Date:** _____

Therapist's signature (if applicable): _____ **Date:** _____