



## **New Client Information**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred By: \_\_\_\_\_ In case of an emergency: \_\_\_\_\_

*What is your primary reason for your visit?* Please explain:

What was going on in your life when this first began?

How is this situation or condition affecting your life?

What have you done for your primary concern? What modalities have you tried? How long have you worked on healing this condition/illness/dis-ease?

What has worked/not worked?

*Please list any secondary health/life or healing concerns:*

**Medical History**

Do you have any diagnosed medical conditions, please list:

Have you had any surgeries or outpatient medical procedures? Please list:

Do you have any implanted medical devices? Please list:

Do you have any injuries, either acutely active or chronic? Please list:

Do you have any allergies or sensitivities (including sensitivity to smoke, fragrances and foods)?

Please list ALL nutritional/herbal supplements, over the counter medications, and prescription medications you are currently taking:

*Are there any body parts you would prefer not to receive massage and/or touch? (ex: abdomen, face, etc) Please list:*

Thank you for taking the time to fill out the intake form. I am looking forward to working with you!

Amrita Healing Arts, LLC

**Please Read and Sign at the bottom:**

I, \_\_\_\_\_, understand that sessions with Tracey are not substitutes for medical examinations. I understand that I am not being diagnosed of any medical conditions and that Tracey does not prescribe medications.

I have informed Tracey of all my known physical conditions, medical conditions and medications, and I will keep her updated on any changes. I understand that there shall be no liability on the practitioner's part due to my forgetting to relay any pertinent information.

If I experience any pain or discomfort during the session, I understand that it is 100% my responsibility to let Tracey know so the treatment can be adjusted.

Except in the case of gross negligence or malpractice, I or my representative(s) agree to fully release and hold harmless Tracey Lanham and Amrita Healing Arts from and against any and all claims or liability of whatsoever kind or nature arising out of or in connection with my session(s).

I have read and understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date