



400 E. Simpson St, Suite 101
Lafayette, CO 80026
info@soulworkings.com
720-352-1782

INTAKE FORM

Today's date: _____ Stay in touch – join the Soul Workings email list: **Y/N**

CLIENT INFORMATION

First Name: _____ **Last Name** _____ **Marital Status:** Sing./Mar./Div./Wid.

Street address: _____ **City** _____ **State** _____ **Zip** _____

Cell: _____ **Home:** _____ **Date of Birth** ____/____/____ ☐ Male ☐ Female

Email: _____ **Occupation & Employer:** _____

Whom can we thank for your referral to Soul Workings? (Please check all that apply):

☐ Dr. _____ ☐ Family/Friend _____

If you were not referred here, how did you find Soul Workings?

☐ Web search ☐ Facebook/Twitter ☐ Brochure/Card ☐ Other _____

HEALTH HISTORY (please provide details on back of sheet if necessary)

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Surgeries (within 3 years) <input type="checkbox"/> Accidents (within 5 years) <input type="checkbox"/> Injuries/Fractures/Problems <ul style="list-style-type: none"> <input type="checkbox"/> Back <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Pelvis <input type="checkbox"/> Hip <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/> Hand <input type="checkbox"/> Other _____ <input type="checkbox"/> Arthritis <input type="checkbox"/> Allergies __Environmental __Food __Other <input type="checkbox"/> Asthma/Emphysema <ul style="list-style-type: none"> <input type="checkbox"/> Other lung/respiratory <input type="checkbox"/> Blood Pressure <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Cancer <i>Past/Current</i> _____ <input type="checkbox"/> Cardiovascular/Heart condition <input type="checkbox"/> Pregnancy Week# _____ <ul style="list-style-type: none"> High risk or with complications? Yes/No <input type="checkbox"/> Abnormal Bleeding <input type="checkbox"/> Bilateral pain <input type="checkbox"/> Current infectious condition: flu, strep, etc. <input type="checkbox"/> Diarrhea/Constipation (circle) <input type="checkbox"/> Diabetes | <ul style="list-style-type: none"> <input type="checkbox"/> Epilepsy <input type="checkbox"/> Headache/Migraine <input type="checkbox"/> Sciatic <input type="checkbox"/> Scoliosis <input type="checkbox"/> Sinus Problems <input type="checkbox"/> Dermatitis <input type="checkbox"/> Varicose veins/Blood clots <input type="checkbox"/> Smoker: Past/Present <input type="checkbox"/> Inflammation <input type="checkbox"/> Unexplained fevers <input type="checkbox"/> Unexplained weight loss/gain <input type="checkbox"/> Carpal tunnel/Thoracic Outlet <input type="checkbox"/> HIV + or AIDS <input type="checkbox"/> Hepatitis A/B/C (<i>circle all that apply</i>) <input type="checkbox"/> Skin Condition <input type="checkbox"/> Pain from disturbance of bodily functions – nausea, vomiting, cramping, etc. <input type="checkbox"/> Skeletal trauma in last 30 days <input type="checkbox"/> Athlete's Foot or other foot fungus Explain _____ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Other health conditions not listed above (use back of this sheet if necessary):

Please list any hobbies or physical activities you currently engage in, and the frequency (i.e. yoga, running, etc.):

Are you on any medication? If so, what are you taking, and why? _____

Do you have any known sensitivities to ☐ Nuts ☐ Essential oils/scents ☐ Incense ☐ Other _____

Other therapies you are currently using or have used in the past: _____

Reason(s) for today's visit:

Name of Emergency Contact: _____ **Emergency Contact #:** _____

The above information is true and complete to the best of my knowledge. I will immediately notify Soul Workings of any changes in my health status prior to each appointment. I am aware that there is a 24-hour cancellation policy, and that I will be billed in full via credit card provided if I do not provide such notice.

Client/Guardian signature _____ **Date** _____

Name _____

Date _____

1) Identify CURRENT symptomatic areas in your body by marking letters on the figures below. Use the letters to identify the symptoms you are feeling today:

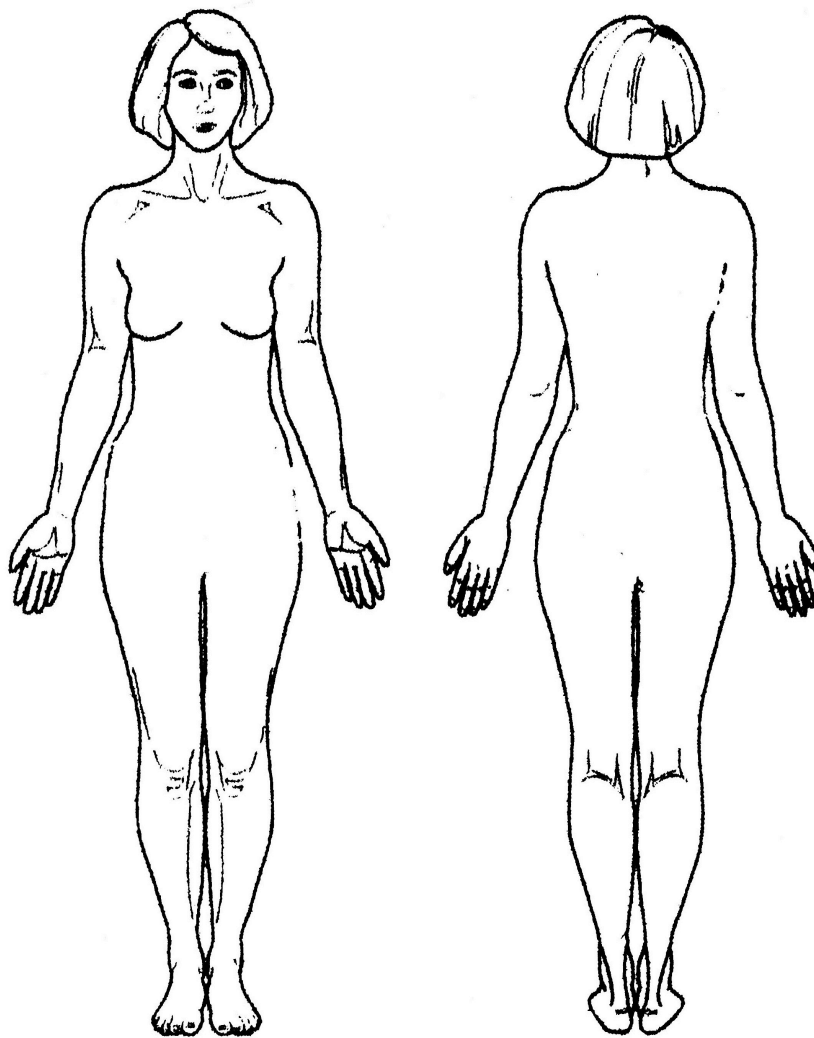
P = Pain or tenderness

S = Joint or muscle stiffness

N = Numbness or tingling

2) Circle the area around each letter, representing the size and shape of each symptom location.

3) On a scale from 1 through 10, (1 = minimal/hardly there, 10 = maximum/unbearable) mark a number next to each area you have circled to indicate the intensity of your symptom(s).





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Welcome New Client!

Thank you for choosing Soul Workings for your therapeutic needs. We are dedicated to supporting your physical, mental, emotional and spiritual well-being. It is our goal that each time your session is complete, you will take with you a greater sense of Self, vitality and renewed spirit.

Regardless of where you fall in the spectrum of health and well-being, we will meet you where you are to support your body's innate ability to heal and maintain balance.

Since this is the first time you will be working with us, we have included our office policies to help you get the most out of your experience here at Soul Workings.

Scope of Practice:

As massage therapists and energy workers, we are not trained to diagnose conditions, prescribe substances or perform medical treatment, nor interfere with the treatment of a licensed medical professional. If you need a referral, please let us know, and we will be happy to provide you with a list of qualified professionals.

To learn more about your therapist's training and modalities offered, you may visit our website at www.soulworkings.com/about/therapists.html

Massage Draping

Soul Workings provides **fully draped**, full body Swedish massages; as a client, you have the option of disrobing completely or to your level of comfort and we will meet you wherever that may be. You will be provided with complete privacy to robe/disrobe for each session. During the session, your body will remain securely draped except for the body parts that are being worked on. Disrobing will not be necessary for energy healing sessions (i.e. Reiki, Crystology) unless they are combined with massage.

Your First Session

Please plan to be here at least 20 minutes longer than your scheduled table time. Your first appointment will include a 5-10 minute intake prior to table work, in which your therapist will go over your health history and goals for your session. For subsequent sessions, please plan to be here approximately 15 minutes past your scheduled table time.

After your health intake, your therapist will leave the therapy room to give you time to disrobe, and will knock before re-entering the room, at which time your session will begin. You will be asked periodically for feedback regarding pressure and comfort. When your session is complete, you will be given a few minutes to soak in the session and to get dressed. Once you are dressed, please crack open the door so your therapist can return to the treatment room to discuss your session, take care of payment, re-schedule and discuss a treatment plan if appropriate.

Client Participation

This is your time, so please speak up if there is anything we can do within our scope of practice to make your session more comfortable or effective. We have a table warmer to keep you cozy if you get chilled, and the amount of pressure used is always adjustable. We are happy to meet requests to spend more time working on specific body parts or to avoid any part of the body you do not want massaged.

Confidentiality

All sessions are confidential; details about you and your sessions will never be disclosed to anyone unless we obtain written permission from you, or if we are issued a subpoena by a judge.

Late Arrivals

All appointments that start late will end as if they were started on time.

Unless we hear from you, your appointment will be held until 15 minutes past your scheduled appointment time, after which point your appointment will be considered canceled without notice (no-show), and you will be charged in full for the appointment scheduled.

Cancellations

When you schedule an appointment, your therapist makes a commitment to dedicate that time to only you. Please honor and respect that by **calling** as soon as you know you cannot keep your appointment, with a minimum of **at least 24 hours** notice, so that we can make that time available to other clients.

We will return your phone call and/or send you an e-mail via the online scheduler to confirm receipt of your cancellation; if you do not hear back from us within **12 hours**, you can safely assume that we did not receive your cancellation phone call or message.

If your cancellation is received with less than 24 hours notice, you will be charged in full for the session. Not showing up for your appointment will also result in being charged in full for the session scheduled. In such cases, we may require pre-payment for all future appointments.

Hygiene

Your therapist will arrive for your session clean and free of heavy perfumes, odors and cigarette smoke, and we ask that you do the same.

Nitrile (non-latex) gloves may be used for massages at your therapist's discretion.

In consideration of your therapist's health and the health of other clients, if you suspect that you have a contagious illness or infectious skin disease, please consult your doctor and wait until it is resolved before coming in for your appointment.

Contraindications for Treatment

Due to the therapeutic nature of massage, massage is not recommended for certain conditions, such as fever, infection, contagious illness, open wounds/cuts, etc. If in doubt, please call our office, and/or your medical doctor in order to avoid unnecessary complications to your health.

If you have had surgery in the past 12 weeks, or have a current diagnosis of, or are in treatment for cancer, we will need a note from your doctor saying that massage is safe for your specific condition in order to proceed with any bodywork. A doctor's note is not necessary if you are only receiving Reiki or other form of energy work.

It is important to disclose all health conditions at the time of your intake and to keep your therapist updated as your health status changes. Soul Workings reserve the right to refuse treatment if your therapist believes a treatment may pose a health risk to you, themselves, or other clients.

Intoxication

For your safety, please do not arrive for your session under the influence of alcohol or substances other than prescribed medication. If there is any reason for your therapist to suspect that you are intoxicated, your therapist will exercise the right to terminate the session immediately. You will be charged in full for your session.

Client-Therapist Relationship & Misconduct

Client-Therapist relationships are strictly professional and therapeutic in nature. Any clients who attempt to sexualize their sessions or use disrespectful language/behavior will be dismissed immediately, and will be charged in full for the session.

Telephone Policy

If we miss your call, please leave a message, along with the best times and phone numbers to reach you. We will do our very best to return your call the same business day.

Appointments

Appointments can be scheduled at the end of your sessions, by telephone or online at www.soulworkings.com. A valid credit card must be kept on file to hold your appointments; this card will be charged in full for no-shows and late cancellations (less than 24 hours notice).

Payment, Promotions, and Gratuities

Payment is expected at time of service. Soul Workings accepts personal checks, cash payments, Visa, MasterCard, Discover, and American Express. If your check is not paid on presentment, there will be a charge of \$20, or any higher amount allowed by law. Our bank may electronically debit or draft your account for this charge. Also, if your check is returned for insufficient or uncollected funds, your check may be electronically re-presented for payment.

For your convenience, credit card pre-payment is available online when you schedule your session(s) online.

Gratuities are graciously accepted when given in thanks for excellent service.

Discounts, coupons and other promotions cannot be combined unless otherwise stated.

Fee Structure

	<i>60 minutes</i>	<i>90 minutes</i>
Reiki	\$85	\$115
Massage	\$85	\$115
Crystology	\$95	- - - -

Changes to this fee structure will result in a 30-day notice to all active clients by e-mail, mail or telephone. Active clients are defined as those who have scheduled appointments with Soul Workings within the past 3 months. Our full fee schedule is available at www.soulworkings.com.

Pre-paid Session Packages & Gift Certificates

Relax Pack:
4+ sessions: 10% off

Permanent Vacation Pack:
10+ sessions: 15% off

Gift certificates are available and can be ordered at www.soulworkings.com, by telephone, or at the office during your next visit. Gift certificates and pre-paid session packages are non-refundable and expire 1 year from date of purchase, unless otherwise stated. Gift certificate sessions are subject to our 24-hour cancellation policy. Non-electronic (paper/card) gift certificates must be turned in at time of service. Otherwise, standard rates will apply and payment will be expected.

Policy Changes

These policies are updated periodically. For the most updated version of this policy notice, you can visit <http://www.soulworkings.com/newclientforms.pdf>

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I have read and understand the above document.

Print Name _____

Signature _____

Date: _____