

The Lioness Touch
Adrienne Johnson
Bodyworker, HHP, Yoga Instructor

New Client Intake Form & Liability Waiver

Client Full Name: _____

Address: _____

Email: _____

Would you like to receive my newsletter? : YES NO

Phone Number: (_____) _____ **D.O.B. :** _____

Circle One: Male Female Decline to Respond

Have you had massage before? Yes No

If so, do you know what kind of massage you've had? Yes No

If yes, please explain: _____

List any allergies (including fragrances & oils/lotions):

List any medications you are currently taking (prescription, non prescription & supplements/herbal supplements):

List any surgeries you have undergone & the date/year:

Primary Physician: _____

Physician's phone number: (_____) _____

Please take the next couple lines to describe what brought you in for a session today:

The Lioness Touch
Adrienne Johnson
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If you are experiencing pain, how would you rate your pain level on a scale of 1-10?

Does your pain prevent you from any normal activities or hobbies of yours? Yes No

General Liability Release Form

By signing your name below, you agree to the following:

- 1) I give permission to Adrienne Johnson, CMT, HHP, 200YT, CST1, to perform massage, therapeutic massage, and any other agreed upon modality for the session (Craniosacral, Yoga Instruction, Reiki Healing, TheraStretch Sessions).
- 2) I understand that this session is not a substitute for medical care.
- 3) I understand that Adrienne Johnson, as a massage therapist, HHP, and yoga teacher, can not diagnose illnesses or injuries, and can not prescribe medications.
- 4) I have clearance from my physician to receive therapeutic massage.
- 5) I understand that it is my responsibility to inform Adrienne of any discomfort or pain during the session, so that she can alter or modify accordingly.
- 6) I understand that it is my responsibility to let my therapist know of all possible contraindications (medical conditions/previous injuries/surgeries/medications, etc) prior to this session. I understand that I need to let my therapist know if any of these change, and that there may be additional risks based on my physical condition.
- 7) I understand that I or the therapist can terminate the session at any time.
- 8) I understand that some risks are associated with massage therapy and they include but are not limited to:
 - Superficial bruising
 - Short term muscle soreness
 - Exacerbation of an undiscovered injury or health condition
- 9) I have been given a chance to ask questions about the session and my questions have been answer. I feel comfortable moving forward with the session.

Signature: _____ **Date:** _____

Please Print Your Full Name:
