Sacred Rain HEALING CENTER

Client Intake Form

Personal Information

* _____
name date of birth

* _____
address

* _____
city state zip

* _____
home phone cell phone

_____
work phone extension

* _____
email address

_____
occupation

_____
employer

_____
employer address

_____
marital status if married, spouse's name

_____
referred by

* _____
emergency contact name (relationship) phone number

_____
physician's name phone number

Bodywork Experience

Have you had a professional massage before? ❒ Yes ❒ No

How frequently do you receive massage therapy? _____

Have you received other types of alternative healing? What types?
_____

What are your goals for treatment? _____
_____

Health History

Musculoskeletal

__ Bone or joint disease
__ Tendonitis/Bursitis
__ Arthritis/Gout
__ Jaw Pain (TMJ)
__ Lupus
__ Spinal Problems
__ Migraines/Headaches
__ Osteoporosis

Circulatory

__ Heart Condition
__ Phlebitis/Varicose Veins
__ Blood Clots
__ High/Low Blood Pressure
__ Lymphedema
__ Thrombosis/Embolism

Respiratory

__ Breathing Difficulty/Asthma
__ Emphysema
__ Allergies, specify:
_____
__ Sinus Problems

Nervous System

__ Shingles
__ Numbness/Tingling
__ Pinched Nerve
__ Chronic Pain
__ Paralysis
__ Multiple Sclerosis
__ Parkinson's Disease

Reproductive

__ Pregnant, stage _____
__ Ovarian/Menstrual Issues
__ Prostate

Current Health

Reason for initial visit _____
_____

Height and weight _____

Do you exercise regularly and/or participate in any sports? ❒ Yes ❒ No
If yes, what kind of exercise/sports? _____
_____

Do you perform any repetitive movement in your work, sports or hobby? ❒ Yes ❒ No
If yes, describe _____
_____

Do you sit for long hours at a workstation, computer or driving? ❒ Yes ❒ No
If yes, describe _____
_____

Do you experience stress in your work, family or other aspect of your life? ❒ Yes ❒ No
If yes, describe _____
_____

Are you experiencing tension, stiffness, discomfort or pain? ❒ Yes ❒ No
If yes, describe _____
_____

Have you recently had an injury, surgery, or areas of inflammation? ❒ Yes ❒ No
If yes, describe _____
_____

Do you have sensitive skin? ❒ Yes ❒ No

Do you have any allergies to oils, lotions or ointments? ❒ Yes ❒ No
If yes, please explain _____

List any medications you are currently taking _____
_____

List any known allergies _____

Skin

__ Allergies, specify:
_____
__ Rashes
__ Cosmetic Surgery
__ Athlete's Foot
__ Herpes/Cold Sores

Digestive

__ Irritable Bowel Syndrome
__ Bladder/Kidney Ailment
__ Colitis
__ Crohn's Disease
__ Ulcers

Psychological

__ Anxiety/Stress Syndrome
__ Depression

Other

__ Cancer/Tumors
__ Diabetes
__ Drug/Alcohol/Tobacco Use
__ Contact Lenses
__ Dentures
__ Hearing Aids

Any other medical condition(s) not listed: _____
_____
_____

Please explain any of the conditions you marked above
_____
_____
_____

_____
client signature

_____
date of initial visit

* *Required Information*

Client Intake Form

Client Agreement

It is my choice to receive massage therapy or other selected healing services. I am aware of the benefits and the risks of massage and/or the selected healing service and give my consent. I understand that there is no implied or stated guarantee of success of effectiveness of individual techniques or series of appointments. I acknowledge that my selected healing service is not a substitute for medical care, medical examination or diagnosis. I have stated all medical conditions that I am aware of and will inform my practitioner of any changes in my health status.

client signature date

Draping

Washington state has rules requiring "safe and functional coverage and draping practices" during massage treatments. The law requires draping to cover genitals and the gluteal cleft, as well as the "breast area" in clients of any gender. With prior written, verbal and signed consent, clients may elect to allow draping to be temporarily removed from the breast area in order for therapeutic work to be done in that area. This does not include massage of the breast tissue, for which specific provider certification and a separate consent form is required. In addition, with prior informed and written consent, a client of any gender may elect to have their upper torso undraped during the entire massage at their preference. Please check and initial your choice of draping:

_____ ❒ Full draping: Chest and gluteal cleft always covered.

_____ ❒ Moderate draping: Chest area ok to uncover temporarily while working on that area. Verbal consent to be requested at time of treatment.

_____ ❒ Less draping: Chest may be uncovered during entire massage at client's discretion. Client may request this at time of treatment.

Age guidelines

Clients must be 18 years of age or older to utilize the locker room, showers, sauna and outdoor deck. Signature affirms you are at least 18 years old.

client signature date

Risks and Health Concerns

- The sauna can reach temperatures of up to 190°. The walls, floor and metal surfaces are extremely hot; Use caution.
- Hydrotherapy is an energetic activity. Consult with your physician before using the facility if you have any health conditions (heart conditions, anemia, diabetes, high or low blood pressure).
- Refrain from using the facility if you have any active infections, open wounds or communicable diseases.
- If you feel dizzy, nauseated or sustain an injury, immediately stop use of the facility and advise a staff member.

Conduct and Rules

- Sacred Rain strives to provide a safe space for all people. Lewd conduct, inappropriate behavior or comments, and sexual activity are strictly prohibited. Anybody acting inappropriately will be asked to leave. _____ (client initials)
- To maintain clear and safe boundaries for all, Sacred Rain does not allow public displays of affection, massage or cuddling in the public spaces. _____ (client initials)
- ELECTRONIC DEVICES: We want to maintain a relaxing and tranquil space for all guests. Please be sure phones are turned off or silent when you enter the spa. We recommend leaving electronic devices in your locker, although we recognize that some people may need to keep theirs at hand. To assure privacy for all, photography is prohibited without the expressed special permission of Sacred Rain staff. The lobby Wave Lounge is a great place to check emails or access the web. Please refrain from any telephone conversations while in the spa or on the deck.
- Food or non-alcoholic drinks may be consumed in lounge spaces or on the deck. Glass containers are prohibited in the spa or on the deck.
- Anyone apparently under the influence of alcohol or other drugs, or exhibiting any inappropriate behavior (derogatory statements, profanity, etc.), will be asked to leave.
- Shower thoroughly before entering the sauna or pool. If you are wearing a bathing suit, please shower in the nude and wash out your suit in the shower separately.
- Sacred Rain requires 24-hour notice for cancellation of scheduled massage or healing services. I understand and agree that I may be required to pay for the service if I do not cancel within the notice period.
- Sacred Rain is not responsible for any lost or stolen items. Store personal items in a locker.

Release of Liability

I waive my right to sue and agree to defend, indemnify and hold Sacred Rain Healing Center and its owners, employees, independent contractors and agents harmless from lawsuits brought by myself or my heirs, from and against any and all liability, loss, expense (including attorneys' fees), or claims for injury or damages now or in the future that may arise out of my use of Sacred Rain Healing Center services and facilities, including but not limited to the parking area, sidewalk, porch, lobby, locker room, bath rooms, deck, sauna, spa pool, treatment rooms and chill spaces; or out of my participation in any Sacred Rain Healing Center services or programs.
_____ (client initials)

I have read the information and guidelines included in the Client Intake Form and agree to follow them.

client signature date

witness (staff member) date

Information contained in this form is solely for the use of Sacred Rain Healing Center and will not be shared or sold to a third party.