<u>Client Intake Form</u> <u>+Many Rivers II Wellness +</u> <u>+ Reiki + Integrative Holistic Indigenous Healing +</u> <u>+ Aromatherapy + Essential Oils + Crystal Therapy+</u> <u>Lorri Many Rivers Santamaría, PhD, RYT200, Reiki Master</u>

	al Information		_ email		
Phone	(Cell)	Phone (Hom	e)		
Addres					
City			_ State	Zip	
Date o	f Birth	_ Occupation			
Emerg	ency Contact		Phone	9	
sessior Please	llowing information will be used to help plan s ns. answer the questions to the best of your know f Initial Visit		ive Reiki/ Inte	egrative/ Ho	listic healing
	Have you had a professional Reiki/ Integrative If yes, how often do you receive Reiki/ Integrative Do you have any difficulty lying on your front If yes, please explain	egrative/ Holis	stic healing th	nerapy?	No ?
3.	Do you have any allergies to oils, lotions, or o If yes, please explain	vintments? Yes	? No ?		_
	Do you have sensitive skin? Yes ? No ?				_
	Are you wearing contact lenses ? dentures Do you sit for long hours at a workstation, con If yes, please describe			No ?	
7.	Do you perform any repetitive movement in y If yes, please describe	our work, spor	ts, or hobby?	Yes ? No	?
8.	Do you experience stress in your work, family If yes, how do you think it has affected you Muscle tension ? anxiety ? insomnia ?	our health?	-	e? Yes ? N	0 ?

9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes ? No ?

10. Do you have any particular goals in mind for this Reiki/ Integrative/ Holistic healing session? Yes ? No ?

If yes, please explain

Circle any specific areas you would like	massage therapist to concent	rate on during the session			
Medical History	a cossion that is enfo and off	active I need come general			
In order to plan a Reiki/ Integrative/ Holistic h information about your medical history.	g session that is sale and en	ective, i need some general			
11. Are you currently under medical supervi	Yes [?] No [?]	•			
If yes, please explain					
12. Do you see a chiropractor? Yes ? No 🗄	f yes, how often?				
13. Are you currently taking any medication If yes, please list	13. Are you currently taking any medication? Yes ? No ? If yes, please list				
14. Please check any condition listed below	applies to you:				
Contagious skin condition	? phlebitis				
? open sores or wounds	deep vein thrombosis/blood c				
easy bruising		hritis/osteoarthritis/tendonitis			
recent accident of injury	? osteoporosis				
? recent surgery	epilepsy				
? artificial joint	neadaches/migraines				
? sprains/strains? current fever	cancer				
(?) swollen glands	diabetes decreased sensation				
allergies/sensitivity	back/neck problems				
? heart condition	Fibromyalgia				
? high or low blood pressure	TMJ				
? circulatory disorder	? carpal tunnel syndrom	IE			
? varicose veins	cennis elbow				
? atherosclerosis	pregnancy if yes, how many	months?			
Please explain any condition that you have marked above					

15. Is there anything else about your health history that you think would be useful for your Reiki/ Integrative/ Holistic healing practitioner to know to plan a safe and effective massage session for you?

Informed written consent must be provided by parent or legal guardian for any client under the age 17.

Ι, _ (print name) understand that the Reiki/ Integrative/ Holistic healing I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the modality may be adjusted to my level of comfort. I further understand that Reiki/ Integrative/ Holistic healing should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see physician, chiropractor or other gualified medical specialist for any mental or physical ailment that I am aware of. I understand that Reiki/ Integrative/ Holistic healing therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because Reiki/ Integrative/ Holistic healing should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the therapist reserves the right to refuse to perform Reiki/ Integrative/ Holistic healing on anyone whom she deems to have a condition for which massage is contraindicated.

Signature of client		_ Date
Signature of Reiki Therapist	D	ate

Therapist Notes				
Date of Visit	Follow Forward	Symptom	Healing Plan	
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