

Service Date: _____

Service Time: _____



InSPArations™ Intake Form

Name: _____ **M | F** **D.O.B.** _____

EMAIL: _____

PHONE: _____ **CITY:** _____

Service(s): _____

Duration: _____

Returning Client Y | N

Referred by: _____

Occupation: _____

Activities: _____

Have you ever had any injuries (broken bones, torn ligaments, surgeries)? When?

Do you have any of the following medical issues:

____ Pregnancy

____ Diseases

____ Skin disorders

____ Infections

____ Blood pressure

____ Heart conditions

____ Breathing

____ Blood clots

____ Arthritis

____ Diabetes

____ Cancer

____ Elective Surgery

____ Other (Please explain)

What medications are you currently taking?

What psychological conditions do you have?

Do you have any allergies or sensitivities to oils, lotions, scents or foods?

What are the appropriate areas of concern? (H for High, M for Medium, or L for Low)

____ Head

____ Upper Back

____ Knees

____ Legs/Thighs

____ Neck/Shoulders

____ Lower Back

____ Feet/Ankles

____ Other

Additional Comments:

Service Date: _____
Service Time: _____



***InSPArations™* Consent Form**

By signing this consent form, I understand that *InSPArations* Practitioners DO NOT diagnose illness, disease or any other medical disorder. As such, practitioners DO NOT provide medical treatment or pharmaceuticals. I understand that any services provided are not a substitution for medical treatment and that I should see a physician for any physical ailment that I might have. Because practitioners must be aware of any existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep practitioners updated on my physical health. Therefore, I assume all risk for my health and hold harmless *InSPArations* and any associated business entities, practitioners or any persons involved in services performed.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and I will be liable for payment for the "full" scheduled appointment.

I understand it is my responsibility to provide appropriate location, environment and access in order for services to be provided.

I acknowledge *InSPArations* maintains a 24 hours Cancellation policy. Thus, *InSPArations* has charged my credit card 24 hours prior to service date. If I choose to cancel services less than 24 hours, I am responsible for service fees.

I understand that questions about service procedures and recommendations are encouraged and welcomed.

Signature: _____

Print Name: _____

Date: _____

Practitioner Signature: _____

Upgrade Details: _____

Upgrade Approval: _____

Host/Client Signature or Initials