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# Wholeness Emerging Bodywork, Energy Therapy Intake Form

**Name: Date:**

Address:

Phone: Email:

Emergency contact: Legal guardian if under 18: DOB: Age:

Education / Occupation:

Living Situation (marital status, pets, alone; home as respite or stressful):

What do you hope to experience from this session? Prior Energy Therapy experienced?

Current overall health condition: Excellent Very Good Good Fair Poor

To what do you attribute your current situation, symptoms or health issues?

*Your primary reasons for seeking Energy Therapy are:*

 Increase relaxation Chronic Illness / Spiritual Support

 Stress Management Disease Major Life Change /

 Anxiety / Depression Surgery Support Loss

 Pain Management Cancer Treatment Trauma

 Headaches Support Other

 Back Pain Emotional Support

*With the following scale, rate the areas of concern at this time:*

# Blank = None 1 = Minimal 5 = Moderate 10 = Extreme

 Personal Relationships Depression Headaches

 Physical Health Mood swings Pain

 Mental/Emotional Anger issues Fatigue / lethargy Health Anxiety Hormonal issues

 Work Panic or anxiety attacks Allergies

 Finances Emotional trauma / Sleeping issues

 Eating issues PTSD Other (list)

 Addiction Memory problems

Current self care practices (exercise, meditation, relaxation, body care, journaling, etc):

Hobbies & interests:

# Relevant Health History

Primary physician or health care professional: Last physical exam:

Other types of health care professionals you see:

Current or chronic medical conditions, diagnosis, or treatments with dates:

Mental health issues or diagnoses: Hospitalizations / surgeries (condition/date/year):

Significant physical or emotional traumas (condition/date/year): Current prescription or over-­‐the-­‐counter medications: Supplements Used:

 Vitamins Minerals Herbs Homeopathics Flower Essences Other

Sleep quality & sleep aid usage:

# Nutrition

Daily water amount:

Caffeine / Alcohol / Tobacco / Drug Usage / amount:

Is there anything else you want me to know?

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**Mandy Froula, LMT, HTCP**

**Energy Therapy Policy/Procedure and Informed Consent Form**

**\_\_\_\_During each session** the practitioner will gently place their hands on or above the clients fully clothed or covered body and/or use a pendulum, noting any sensations or imbalances to assess the energy field. Based on that assessment, a technique is then chosen. This may include light touch or sweeping hand motions above the client.

**\_\_\_\_It is understood that:**

* Responses are different for all. Some clients may feel nothing. Others describe sensations of moving energy, tingling, warmth, deep relaxation, feelings of being supported and nurtured, or visions of images and colors. Some may experience an emotional release such as tears or what they may consider to be a spiritual experience, or they may develop insight into specific areas of their lives.
* Practitioners do not diagnose conditions nor do they prescribe or perform medical treatment, prescribe substances, nor interfere with the treatment of a licensed medical professional.
* Energy therapy does not take the place of medical care. It is recommended that clients see a licensed health care professional for any physical or psychological condition they may have. It is understood that energy healing can complement any medical or psychological care.
* It is my sole responsibility to keep the Practitioner updated on any changes in my physical health. I understand that Mandy Froula, LMT, HTCP, shall not be liable should I fail to do so.

**\_\_\_\_Wholeness Emerging Bodywork** is guided by the Healing Touch Program Code of Ethics and Standards of Care. [www.healingtouchprogram.com](http://www.healingtouchprogram.com) and each session is completely confidential, except as required by law.

**\_\_\_\_Release of liability clause:** Except in the case of gross negligence or malpractice I, or my representative(s) agree to fully release and hold harmless, Mandy Froula, from and against any and all claims and liability of whatsoever kind of nature arising out of or in connection with my session(s).

**\_\_\_\_** **Energy Therapy in the era of COVID-19:** Be assured that Mandy Froula with Wholeness Emerging Bodywork, has always followed state and federal regulations and recommended universal personal protection and disinfection protocols to limit transmission of all diseases in her office and continues to do so. That said, I understand that, as with the transmission of any communicable disease like a cold or the flu, I may be exposed to COVID-19, also known as "Coronavirus", at any time or in any place. Despite Mandy’s careful attention to sterilization, disinfection, and use of personal barriers, there is still a chance that I could be exposed to an illness in her office, just as you might be at your gym, grocery store, or favorite restaurant. "Social Distancing" nationwide has reduced the transmission of the Coronavirus. Although Mandy has taken measures to provide social distancing in her practice (including the shared lobby space), due to the nature of the protocols provided, it is not possible to maintain social distancing between the client, practitioner and sometimes, like in the shared lobby space, other clients. Although exposure is unlikely, I accept the risk and consent to treatment.

**\_\_\_\_Fees & session times:** Each session is offered at either 90 or 120 minutes. Fees are subject to change. Notice will be given. Payment is due at time of service by check, cash or credit card.

**\_\_\_\_During your 1st session:** Please allow an additional 15 min for the initial intake. The time will be added to the end of your session and there is no additional fee for this time.

**\_\_\_\_Cancellations/no shows:** Please give 24 hours notice when cancelling appointments. Missed appointments without 24 hrs notice will be charged my full session fee. In an emergency, any notice you give is appreciated to avoid the cancellation fee. Cancellation fees are the responsibility of the client and must be paid in full before the next visit.

**\_\_\_\_By signing below:**

I give full consent to receiving energy based healing work offered by Mandy Froula, LMT, HTCP. My questions have been answered and I understand what I might expect from this session.

Client (or legal guardian) Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_