

Adrien Daniel, LMT - CranioSacral Therapy & Massage

Phone: 832.746.2902 (cell phone with voice mail and text)

Intake Form

(Bring to 1st Appt.)

Location: 3330 Audley, Suite 111, Houston, TX 77098 (near Buffalo Speedway and Richmond Ave.)

Name: _____ Date of Birth: _____

If under 18 years old, please print the Parent's Name who accompanies: _____

Email Address: _____

Mobile #: _____ Daytime #: _____

Mailing Address: _____

Service(s) you are requesting: _____ Craniosacral, _____ Relaxation, _____ Deep Tissue, _____ Consultation Only

Physical Area(s) experiencing discomfort: _____

Other discomforts? (circle any that apply):

Lack of Sleep, Lack of Concentration, Frequent Illness, Frequent Headaches, Dizziness, Fatigue, Chronic Illness, Work Related Illness or Injury, Burnout, Changes in Digestion/Elimination, New Allergies, and/or others (please use back of the this form).

Have you seen at least one practitioner who has prescribe medicine for any of the above discomforts and/or other distresses or diseases? _____ If so, list your current medications: _____

List any Supplements or Natural cures currently in use: _____

On average, what is your daily intake of...

Pure Water _____ oz., Deep Breathing _____ mins., TV time _____ mins., Computer Time _____ mins., Stretching _____ mins., Walking _____ mins., Relax time _____ mins., Meals and Snacks _____

List Area(s) to Avoid: _____ (inform Adrien if these ever change)

OFFICE POLICY

- Adrien is licensed by the State of Texas and adheres to the State laws as they are defined for Licensed Massage Therapists.
- Any discomfort (physical or otherwise) must be reported to Adrien immediate during the session.
- This signed form is your documented permission allowing Adrien to proceed with your requested treatment.
- Adrien does not sell any client's personal information, including mail and email addresses.
- If Adrien is unable to provide services, she will contact you per the information on this form as soon as she is aware of the situation.

PAYMENT and CANCELLATION POLICY (With regret, this has become necessary, SO PLEASE READ THIS CAREFULLY.)

Payment for treatment is due at each session unless payment arrangements are discussed with Adrien during appointment scheduling. If cancellation is necessary, please notify Adrien 24 hours in advance or incur a \$50 fee. If this policy is not observed, an invoice will be mailed to your address as provided above. If a **medical emergency of self or dependant** prevents you from keeping your scheduled appointment, please inform Adrien within 24 hours after your missed appointment to avoid incurring the \$50 fee.

Adrien's cell phone has voice mail and your message will be received there as well as your phone number ID.

First appointment fee of \$100 is due when service is rendered and is payable in cash only. Personal checks are accepted in payment of secondary appointments, however, if your check is not honored by your bank a returned check fee of \$50 is incurred without exception and is payable in cash. If payment arrangements are needed, please talk with Adrien during the scheduling of the appointment.

Client Signature: _____ Print Name and Date or First Appointment: _____

Emergency contact name and number: _____ Relationship to client: _____