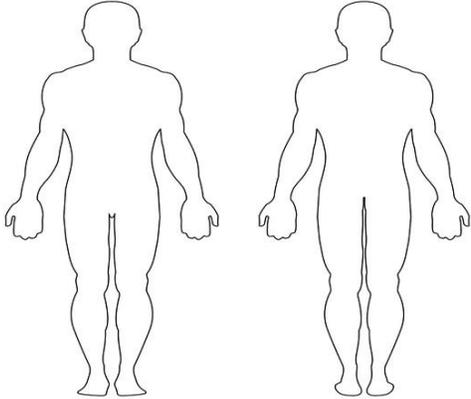




Crystal Burnham, LMT  
 Massage Intake Form  
 (fill out form completely)

|   |   |  |  |
|---|---|--|--|
| Name:   |   | DOB  |  |
| Street Address  |   | City/State/Zip   |  |
| Medications   |   |  |  |
| Mobile #  |   | Occupation   |  |
| Email (internal use only)   |   |  |  |
| How were you referred   |   |  |  |
| You are here today for:<br><br><input type="checkbox"/> Relaxation <input type="checkbox"/> Injury/Accident <input type="checkbox"/> Specific Complaint<br><br>Describe:<br><hr/> <hr/>   |   | <br>Front                      Back   |  |
| Do you have or have you had any of the following? Please circle:  |   |  |  |
| Cancer:<br>Type:<br>Year Diagnosed<br>In Remission   Yes   No<br>Currently receiving chemo/radiation   Yes   No<br>Oncologist Name<br><br>Oncologist phone#   | High Blood Pressure<br>Chronic Bowel Issues<br>Diabetes<br>Liver Disease<br>Broken Bones<br>Year<br>Where<br>Numbness<br>Where<br>Muscle Spasms<br>Osteoporosis<br>Heart problems | Blood clots<br>Herniated Discs<br>Where<br>Discectomy<br>Where<br>Fused Discs<br>Where<br>Allergies<br>What<br>Recent Accident or fall<br>Recent Surgery<br>Type |  |
| Any other conditions you have been diagnosed with?  |   |  |  |
| I agree that I have listed all known medical conditions. I release Crystal Burnham and Ananta Jiva, LLC from any and all liability if I fail to inform them of any health changes or of any known health conditions or diagnoses. |   |  |  |
| Signature   |   | Date   |  |



Crystal Burnham, LMT

# Cancellation and No Show Policy

In consideration of my practice and other clients, a minimum **24 hour notice** is required to reschedule or cancel an appointment. Voicemails and Texts are both valid ways of reaching me. If you cancel, no show, or try to reschedule an appointment with less than 24 hours' notice, you will be charged in full for your service. Exceptions to this policy are as follows:

- I am able to fill your appointment time with another client
- A true emergency – which will be reviewed on a case-by-case basis.
- Illness excused by a doctor's note.

**Please Note:** Cancellations left on voicemail or text outside of normal business hours (Monday-Friday 10-6, Saturday 9-1) will be considered a less than 24 hour notice and the policy charge will apply.

A valid credit card or gift certificate number is required to be on file in order to book your massage, no exceptions.

If you have a gift certificate and you no show or cancel with less than 24 hours' notice, your gift certificate will be redeemed.

**By signing below I acknowledge that I have received, reviewed, understand, and will comply with the policies outlined above. My signature authorizes my card on file to be charged for the full service price in the event of a less than 24 hour cancellation or no show.**

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
CVV



# Cupping Authorization Form

Crystal Burnham, LMT

- I understand that all treatments in this facility are therapeutic in nature. I agree to communicate with my therapist any physical discomfort or draping issues during the session
- Cupping Therapy has been explained to me. I understand the potential side effects and after care recommendations.
- I understand there are contraindications for Cupping Therapy and I have fully disclosed all known health issues/concerns to my therapist, to include those not listed on my Massage Intake Form
- I understand that there is a possibility of discoloration that may occur from the release and clearing of stagnation and toxins from my body. I understand that this reaction is not bruising; it is the result of cellular debris, pathogenic factors and toxins being drawn to the surface to be cleared away by my circulatory system. I further understand that the discolorations will dissipate within a few hours to as long as two weeks, in relations to my after session activities
- I understand that during an initial Cupping Therapy session my body's immune system may temporarily react to to this release as it might with the flu, producing flu-like symptoms such as nausea, headache, and/or body aches that will subside in time with rest and water.
- I understand Cupping Therapy modalities should not be combined with aggressive exfoliation within 4 hours after shaving, when sunburned, or when hungry or thirsty.
- I understand that I should avoid exposure to cold, wet, and/or windy weather conditions, hot showers, baths, saunas, hot tubs and aggressive exercise for 4-6 hours following my cupping session. I further understand that exposure to such extremes may produce undesirable effects and I should avoid such situations.
- I understand that caffeine, alcohol, sugary foods and drinks, dairy and processed meats should be avoided and that I should consume an abundance of clean water
- I consent to Cupping Therapy treatment. I have read and understand the benefits and risks. I further agree to follow the guidelines pre and post treatment. I agree and release Crystal Burnham/Ananta Jiva, LLC from any and every claim, demand or action of any kind arising due to bodily injury or personal injuries without limitations.

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Patient's signature

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Date

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Printed Name

*Crystal Burnham*

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Crystal Burnham/Ananta Jiva, LLC