



MESSAGE INTAKE FORM

NAME

DOB

ADDRESS

MEDICATIONS

MOBILE#

OCCUPATION:

EMAIL (INTERNAL USE ONLY)

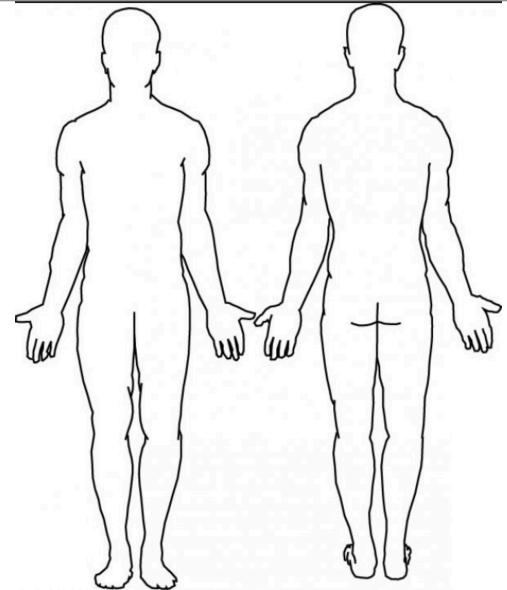
HOW WERE YOU REFERRED?

YOU ARE HERE TODAY FOR?

☐ RELAXATION ☐ INJURY/ACCIDENT ☐ SPECIFIC COMPLAINT

DESCRIBE:

☐ YES. ☐ NO. : If necessary, I consent to Cupping and/or Graston Therapy. These modalities may leave discolorations on the skin. They are used to hydrate fascia and release scar tissue.



Do you have or have you had any of the following

CANCER: Y. N
TYPE

YEAR DIAGNOSED

IN REMISSION. Y. N

CURRENTLY RECEIVING:

CHEMO. Y. N

RADIATION. Y. N

ONCOLOGIST NAME

ONCOLIST PHONE #

HIGH BLOOD PRESSURE
CHRONIC BOWEL
ISSUESDIABETES. TYPE 1 OR 2
LIVER DISEASEBROKEN BONES
YEAR

WHERE

NUMBNESS

WHERE

MUSCLE SPASMS

RECENT SURGERY

WHAT

WHEN

OSTEOPOROSIS
HEART PROBLEMS
BLOOD CLOTSWHERE
HERNIATED DISCWHERE
FUSED DISCS

WHERE

ALLERGIES

TO WHAT

RECENT

ACCIDENT/FALL

SEE DR?

GOT XRAY?

PREGNANT. Y. N

HOW MANY WEEKS

ANY COMPLICATIONS

OB NAME

OB PHONE #

Any other conditions you've 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 notify of any health changes, conditions or diagnoses.

Signature

Date



CANCELLATION AND NO SHOW POLICY

In consideration of my practice and other clients, a **minimum 24 hour** notice is required to cancel or reschedule an appointment. Voicemails and texts during regular business hours are valid ways of leaving notice. If however you leave a voicemail or text after hours for the next day or the day of your appointment, please note that you may be charged in full for that appointment.

Exceptions are:

- ☼ 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

A valid credit card number is required to be on file in order to book your session. No exceptions.

If you have gift certificate/gift card and you no show or cancel with less than 24 hrs notice, your gift certificate will be redeemed

By signing below, I acknowledge that I have received, reviewed, understand and will comply with the policy 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

Signature

date