

Shannon Hernandez, CMT
New Client Intake Form

Personal Information

Name _____ Best Phone# _____
Full Address _____
Birthdate _____ Best Email _____
Occupation _____ Employer _____
Emergency Contact _____ Relationship _____
Emergency Contact Phone# _____
How did you find me? _____ Referred by _____

Medical Information

Are you taking any medications? yes no If yes, please list name and use: _____

Are you currently pregnant? yes no If yes, how far along? _____
Any high risk factors? _____
Do you suffer from chronic pain? yes no If yes, please explain _____
What makes it better? _____
What makes it worse? _____
Have you had any orthopedic injuries? yes no If yes, please list: _____

Please indicate any of the following that apply to you: Cancer Headaches/Migraines Arthritis
Diabetes Joint Replacement(s) High/Low Blood Pressure Neuropathy Fibromyalgia Stroke
Heart Attack Kidney Dysfunction Blood Clots Numbness Sprains or Strains Surgery

Explain any conditions you have marked above: _____

Massage Information

Have you had a professional massage before? yes no What did you like or not like about it?

Do you have any allergies or sensitivities? yes no
Please explain _____
Are there any areas (feet, face, abdomen, etc.) you **do not want** massaged? yes no
Please explain _____
What are your goals for this treatment session? _____

By signing below you agree to the following: I have completed this form to the best of my ability and knowledge, and agree to inform my therapist if any of the above information changes at any time.

Client Signature _____ Date _____

Therapist Signature _____ Date _____

Policies and Guidelines

Shannon Hernandez, CMT is committed to providing all clients with exceptional care. Please read below and acknowledge by placing your initials in the spaces provided.

Therapeutic Promise

As a professional licensed therapist, I am dedicated to providing a completely safe and enjoyable experience for my clients. My work is strictly therapeutic and non-sexual. Any sexual insinuation, joke, gesture, conversation, or request will result in the immediate termination of your session and a refusal of any and all services in the future. Depending on the behavior exhibited, I may also file a report with the local authorities if necessary. You will still be charged the full service fee regardless of the length of your session. _____

Medical Disclaimer

I am not a doctor of any kind. Any care you receive from me is *not a substitute for medical or psychiatric care*, and should not be regarded as such. Please consult your medical/psychiatric professional about any changes to your self-care routines. _____

Arrival

Please arrive for your appointment 10 minutes prior to the scheduled start time. This allows you the time to fill out any applicable client forms, use the restroom, change and prepare for any services. _____

Late Arrivals

If you show up late or call in late to an appointment, that time will be deducted from your session. You will still be required to pay the full session fee. _____

Rescheduling

If you must reschedule an appointment, at least a 24-48 hour notice must be given prior to your scheduled appointment. When a client reschedules without giving enough notice, they prevent another client from being seen. If less than 24-48 hours is given, or you no-show for your appointment, for any reason, you will not be allowed another appointment until the fee is paid. _____

Please text (408) 831-2681 or email shannonhernandezcmt@gmail.com at least 24 – 48 hours prior to your scheduled appointment to notify me of any changes. **i.e. To cancel or reschedule a *Tuesday* appointment, please call on *Sunday or Monday at the latest*.** If prior notification is not given, you agree to be charged up to the full amount for the missed appointment. _____

Illness

If you are sick and/or contagious please reschedule your appointment for another time. Please try your best to give 48 hours notice. _____

Scent-free Request

Please refrain from wearing any strong fragrances to your appointment as many people, including your therapist, are allergic and/or chemically sensitive. Please avoid smoking cigarettes/cigars/marijuana/e-cigarettes or putting any fragrances on or around you before your appointment. _____

Payment

All payments are due immediately following your appointment and can be made using cash, local check, credit card or via PayPal to shannonhernandezcmt@gmail.com. No cash change available. _____

Date _____