

Client Intake Form: Luna Sol Healing Arts

Name: _____ Date: _____ Birthdate: __/__/____
Occupation: _____ Phone: _____ Email*: _____
Address: _____ City: _____ ST: ____ Zip: _____
Emergency Contact / Relationship / Phone: _____ / _____ / _____

* Your email will be added to the newsletter for updates/classes, usually quarterly. Check here if you wish to opt out _____

How were you referred to Luna Sol (circle): Drive-by Flyer Chamber Yelp Facebook Mailer Google/Internet
Twitter Spafinder Farmer's Market Insurance Partners in Health Hotel (specify): _____
Referral (name): _____ Other (specify): _____

Frequency you receive bodywork? _____ What types of bodywork have you tried? _____

What challenges are you currently having? _____

Do you have any current medical conditions, allergies, or anything else I need to know about? _____

Please describe your **Current Self Care** (include treatments, physical activities/exercise and frequency):

Please list **accidents/injuries, hospitalizations, and surgeries.**

Date:	Treatment Received:	Date:	Treatment Received:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you recovered from above or do you feel you have lingering effects? _____

Please explain: _____

Do you have any **chronic, ongoing pain**? Yes ___ No ___. If yes, please describe any treatments that you currently receive and any factors that affect the pain: _____

What would make your experience here completely satisfactory? _____

Appointment Commitment, Liability Waiver

I have agreed to receive one or more treatments performed by Julia Petteway, Luna Sol Healing Arts, and/or its agents or employees. I understand that any treatment may present some unavoidable risk of injury, especially for people who may have sensitive skin, pre-existing medical conditions or who are taking medications or using products that may interact with the treatments offered by Luna Sol Healing Arts, and may result in unpredictable side effects. I understand that all skincare services are performed by a licensed massage therapist and are offered expressly as relaxation therapies. I expressly agree that all treatments and use of all facilities shall be undertaken at my own risk and that I have informed my therapist of any conditions of concern prior to treatment. Luna Sol Healing Arts, its agents, officers, or employees shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever arising out of or connected with the use of any of the services and/or facilities. I hereby expressly release and discharge Luna Sol Healing Arts from all such claims, demands, injuries, damages, actions or causes of action. I understand that the therapist assigned to me has the right to refuse service or terminate my session should any condition or situation be deemed unsafe or contagious with the full price for services due upon session termination. Luna Sol Healing Arts shall not be responsible or liable for any article lost, stolen or damaged in or about its premises.

Arriving late will limit the time for your treatment. As all treatment times are reserved especially for you we will charge **50% for treatments cancelled with less than 24 hours notice**. Please note that you will be charged **100% of the price if you miss your appointment** without prior cancellation. If you must change the appointment during the same day, there will be a **\$25 change fee** applied to the appointment. Thank you for your business and for honoring the time of your practitioner.

I have read and understand the above information. Signature: _____ Date: _____

If under the age of 18, name of parent/guardian: _____

Signature of parent or guardian: _____ Date: _____

Luna Sol Healing Arts - Julia "Jewl" Petteway, LMT

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