

Firefly Holistic Healing -Intake Form

Date: _____

Name: _____ Date Of Birth: _____

Address: _____ City: _____ St: _____ ZIP: _____

Contact Phone: _____ Referred By: _____ E-mail Address (optional) _____

EMERGENCY CONTACT: Name: _____ Phone: _____

Activities/Hobbies: _____ Occupation: _____

Have you ever had energy work? **YES NO** Massage? **YES NO** Date of Last appt: _____

Primary Reason for this Appointment: _____

List **Surgeries:** _____

Health Conditions: _____ Pregnant: _____

Current medication/herbal treatments? _____

Physician: _____ Chiropractor: _____

Please Check the Appropriate Answer

Do You:	YES	NO	Explain
Have skin issues or allergies?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have digestion/constipation issues?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have heart/circulatory issues/devices?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have Spinal issues/joint pain?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have a contagious condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Skin Lesions/ Rash / Eczema?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Have restricted movement?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cold Hands/Feet, Numbness?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drink more than 1 quart water daily?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Type of Exercise?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Drink carbonated beverages?	<input type="checkbox"/>	<input type="checkbox"/>	_____
What was your breakfast & lunch?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Most recent emotional distress?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Most difficult task in your day?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Most recent Injuries?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Memory loss/confusion/overwhelmed?	<input type="checkbox"/>	<input type="checkbox"/>	_____

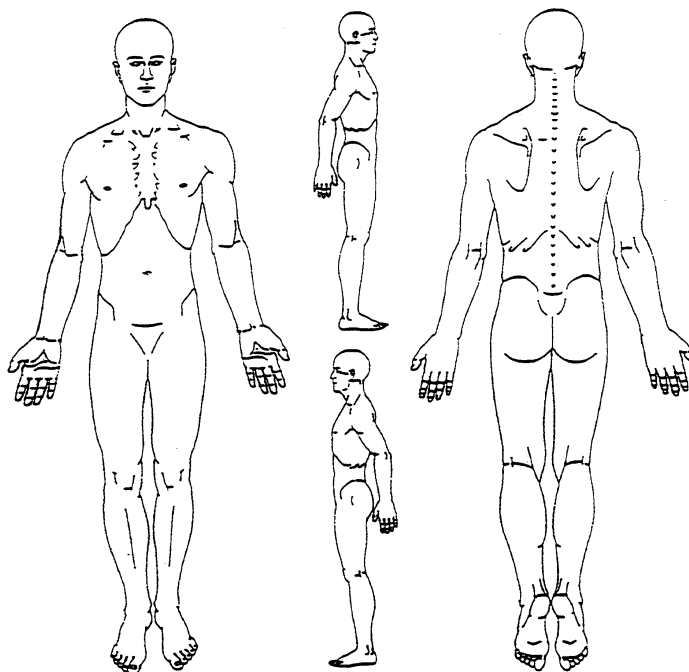
Do any of the following apply to you? (C) Current or (P) Past:

Wear Contacts	Have Dentures	Ear pain	Anemia
High/low blood pressure	Cancer	Eye Pain	Degenerative Disks
Diabetes	Varicose Veins	Depression	Headache/Migraine
Smoke	TMJ	Seizures	Frequent headaches
Dizziness	Chronic pain	Scoliosis	Tingling in extremities
Epilepsy	Nausea	Dementia	Teeth Grinding
Carpal Tunnel	Anxiety	Fibromyalgia	Jaw pain or clicks

Hepatitis		Herpes		Tuberculosis		Chronic cough	
Shallow Breathing		Bruise Easily		Arthritis		Low/High Urination	

Please list anything else that your practitioner should know including areas to avoid:

On the diagram below, please circle the areas of the body that you feel need the most attention in the energy session:



Therapist notes:

Terms and Conditions

I understand that massage/energy work is not a replacement for medical care and that no medical diagnosis will be made. Because massage and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the therapist of all known medical conditions and will keep the therapist updated as to any changes in my medical condition going forward. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the pressure and/or manipulations, draping or environment may be adjusted to my level of comfort.

I understand that any remarks or actions of a sexual or personal nature will result in immediate termination of the session, I will be liable for payment of the session, and any future appointments will be canceled.

With your health conditions in mind, I agree to receive energy consultations/massage and hold the practitioner blameless for any problems that might arise as a result of this session.

24 HOUR CANCELLATION POLICY

Should I cancel or miss an appointment with less than 24 hours notice, I authorize Kristy Kostecky to charge my VISA/MC/Amex/Discover Card or checking account for the full session fee.

E-MAIL POLICY

I may use your e-mail address for appointment reminders, promotions and news from Kristy Kostecky (Firefly Holistic Healing). Your privacy is important. I will not sell, rent, or give your name or address to anyone.

Signature: _____

Date: _____