Firefly Holistic Healing -**Intake Form**

Date: ______________________

Name: ____ Date Of Birth: ________________________

Address: ______________________________________ City: __________________ St: _____ ZIP: ________

Contact Phone: ________________ Referred By: _________________ E-mail:__________________________

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 **ALL Surgeries**: ____

Health Conditions: ____ Pregnant: ______

Current medication/herbal treatments? ____

Physician: ___________________________________ Chiropractor:__________________________________

Please Check the Appropriate Answer

Do Any of these Apply:	**YES**	**NO**	**Explain**
Skin issues or allergies?	☐	☐	______________________________
Digestion/constipation issues?	☐	☐	______________________________
Heart/circulatory issues/devices?	☐	☐	______________________________
Spinal issues/joint pain?	☐	☐	______________________________
Contagious condition?	☐	☐	______________________________
Skin Lesions/ Rash / Eczema?	☐	☐	______________________________
Restricted movement?	☐	☐	______________________________
Cold Hands/Feet, Numbness?	☐	☐	______________________________
Drink more than 1 quart water daily?	☐	☐	______________________________
Type of Exercise?	☐	☐	______________________________
Drink carbonated beverages?	☐	☐	______________________________
What was your breakfast & lunch?	☐	☐	______________________________
Most recent emotional distress?	☐	☐	______________________________
Most difficult task in your day?	☐	☐	______________________________
Most recent Injuries?	☐	☐	______________________________
Memory loss/confusion/overwhelmed?	☐	☐	______________________________

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

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

OVER →

	Shallow Breathing		Bruise Easily		Arthritis		Low/High Urination		

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

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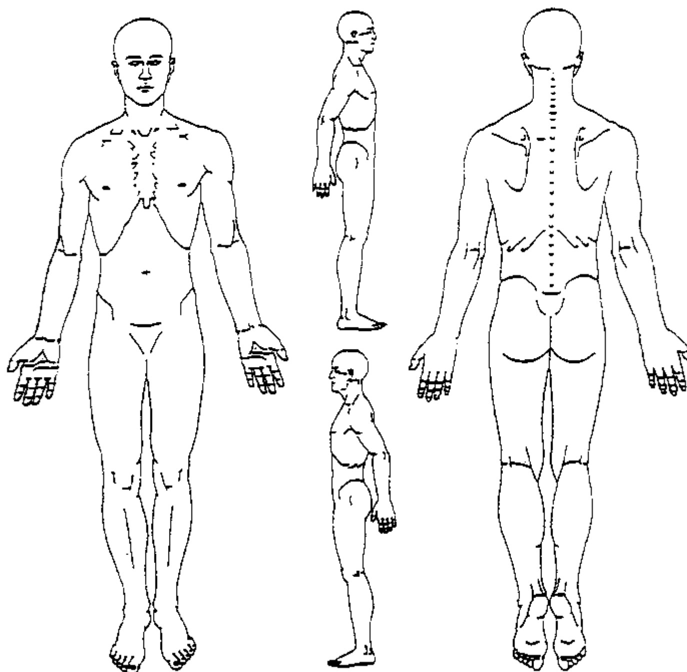
On the diagram below, please circle the areas of the body that you feel need the most attention in the energy session:



Therapist notes:

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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 and continuous shifting in your body, 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 Kostelecky 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 Kostelecky (Firefly Holistic Healing). Your privacy is important. I will not sell or rent your name or address to anyone.

Signature: ____ Date: ______________________