Adrien Daniel, LMT, CST. RM
Serving the Inner Loop West area • **713-417-6550**

INTAKE FORM
(Bring with you)

Name: _____ **Date:**_____

Date of Birth: ____/____/_____ If under 18, name of accompanying Parent/Guardian: _____

Service(s) you are requesting: □ CranioSacral Therapy □ Reiki □ Muscle/Tendon Therapy □ Consultation

Discomforts? (check all that apply and describe treatment / medications):

□ Lack of Sleep: _____
□ Lack of Concentration: _____
□ Frequent Illness: _____
□ Frequent Headaches: _____
□ Dizziness: _____
□ Fatigue: _____
□ Nervous System Disorder, such as Bell's Palsy: _____
□ Work Related Illness or Injury: _____
□ Burnout: _____
□ Changes in Digestion/Elimination: _____
□ Allergies: _____
□ Virus or Bacterial Infection: _____
□ Liver Weakness/Disease: _____
□ Cancer(s): _____
□ Others (please describe):
_____
_____
_____
_____
_____

List any other Medicines, Supplements, or Natural treatments currently in use (not listed above): _____
_____
_____

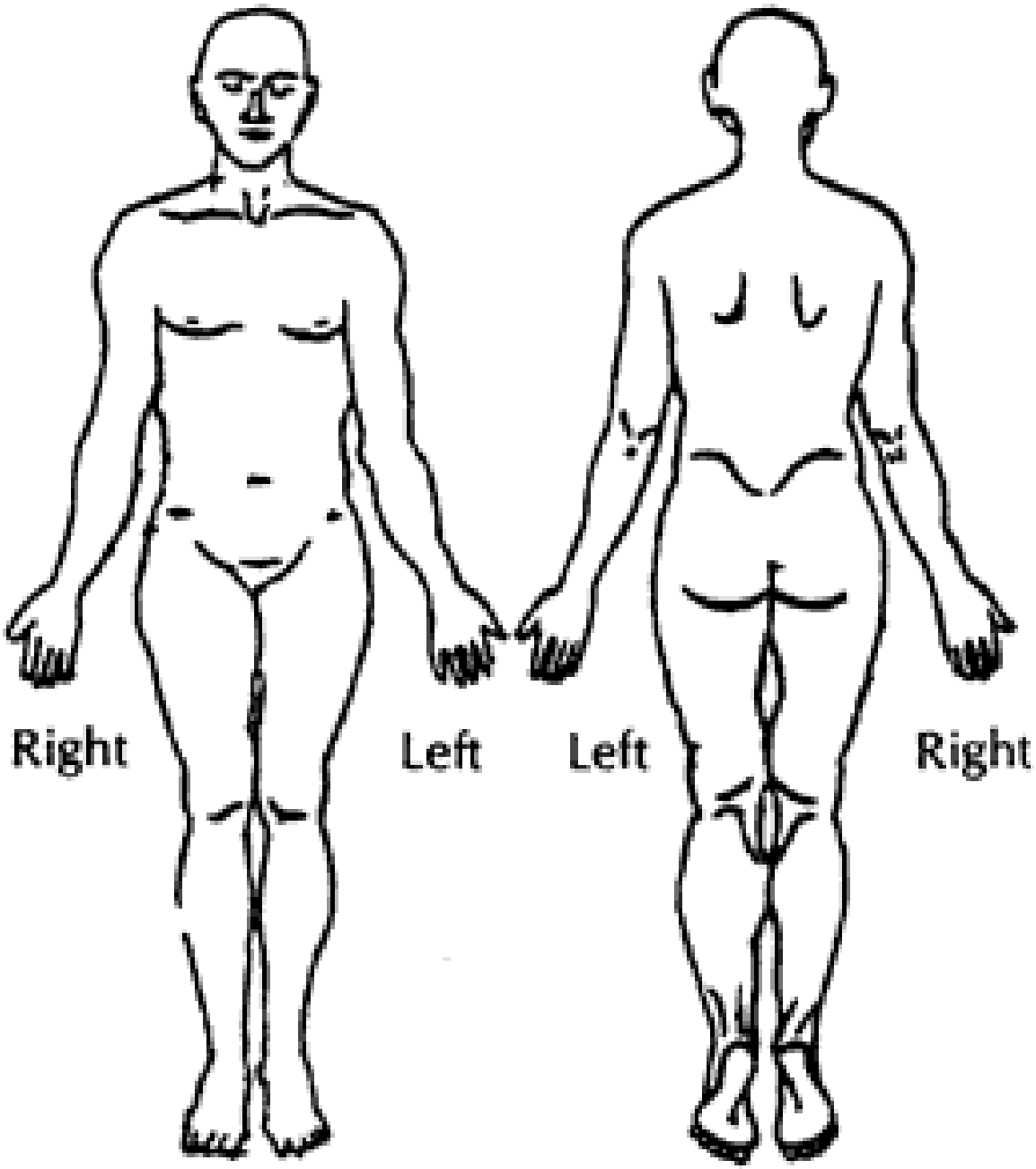
On average, what is your daily intake of water, non-caffeinated, and non-dairy liquids? _____ ounces
On average, what is your daily intake of dairy, coffee, tea and caffeinated drinks? _____ ounces
Do you sit for long periods in front of computers, TVs or personal communication devices, tablets and phones? yes___ no___
Do you currently practice stress relief (i.e. deep breathing, moving meditation, still meditation, stretching)? yes___ no___
If yes, briefly describe on back of this sheet each effort and average time per week.
What other movement exercise do you do? _____

NOTES TO ADRIEN: _____
_____
_____
_____
_____

Name: _____ **Date:** _____

Please Mark "Front" and "Back" Images to Describe Current Pains and/or Discomforts:

P - Sharp Pain	B - Burning	S - Stinging	A - Aching
N - Pins & Needles	X - Numb	C - Pinching	L - Swelling
T - Torn / Strained	F - Fractured / Broken	O - Open Wound	Y - Stitches



Notes:

_____

_____

_____

_____

_____

_____

Name: _____ Date: _____

OFFICE POLICY

- Your Appointment time is your ARRIVAL TIME.

ADRIEN MAY BE WORKING WITH A CLIENT SO EARLY ARRIVALS ARE DISCOURAGED.

- Late arrival is after 15 minutes of appointment time as traffic considerations often take upto 15 minutes.
- Adrien reviews this information prior to working with a client, so please bring it to your first appointment.
- Any discomfort (physical or otherwise) must be reported to Adrien immediately during the session so it may be addressed.
- This signed form is your documented permission allowing Adrien to proceed with your requested treatment.
- Adrien keeps any client's personal information in this form, including mail and email addresses, strictly confidential.
- No food or drink (other than water) is allowed in office or waiting area.
- Please do not apply perfumes, scented body sprays, etc. within the 4 hours prior to your appointment.
- If you smoke, use, or drink, please do not do so within the 12 hours prior to your appointment.

PAYMENT and CANCELLATION POLICY (please read this carefully)

Payment for treatment is due at each session unless payment arrangements are pre-arranged or pre-paid.
First session fee is $150 due at time of service and is payable in cash only.
Secondary session fees are payable in cash or check and if a check is not honored by your bank, a $50 charge will be applied.
Pre-payment for 5 or more treatments, at first session, will receive a discount.

Package Pricing: (must be paid at first session of each package)
60 Minute Sessions: 5 treatments for $475 (save $25), 10 treatments for $900 (save $100)
90 Minute Sessions: 5 treatments for $675 (save $25), 10 treatments for $1,400 (save $100)

Kindly notify Adrien 24 hours in advance if an appointment needs to be rescheduled or cancelled.
If an appointment is rescheduled or cancelled at least 8 hours in advance, no fee is charged.
If a true emergency arises and you cannot make your appointment, no fee is charged.
If you sometimes miss appointments due to ongoing family or medical issues, please let Adrien know.
If you cannot schedule your appointments during regular business hours, please let Adrien know.
If you are sick with something that is contagious, please let Adrien know so precautions are taken during appointment.
Payment will be received if an appointment is missed and there is no notice via text, voicemail or email.

Acknowledgement and Agreement:

I, _____, acknowledge and agree to these policies.

Client Signature (or Parent/Guardian): _____

Date of First Appointment: _____

Email Address for general communication: _____

Billing Address for Missed Appointment Fee: _____

Mobile #: _____ Text OK? Y / N Daytime #: _____

Emergency Contact Name: _____ Phone No. _____ Relationship_____