



Client Intake Form

Name _____ Phone _____

Address _____ e-mail _____

City _____ State _____ Zip Code _____ Date of Birth _____

Occupation: _____ Referred by: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Hobbies: _____

Areas of Focus or Tension Patterns

Please describe any recurring areas of physical tension, emotional heaviness, or energetic stagnation you're aware of in your body. _____

(Example: "Tightness in my chest when anxious," "Jaw tension," "Low back fatigue," "Feeling disconnected from my body.")

Health Considerations

Please check or describe any current or chronic health conditions that may affect bodywork or energy work.

- Injuries or surgeries (past 6 months) High/Low blood pressure Heart or circulation issues
 Other (describe) Pregnancy Neurological conditions (e.g., seizures, migraines)

Are you under the care of a healthcare provider? Yes No

If yes, for what reason? _____

Do you take any medications that affect pain, inflammation, or mood regulation? Yes No

If yes, please list: _____

Client Baseline and Intentions

What do you most want to feel or experience more of in your body or life? _____

How do you currently notice stress, tension, or emotion in your body? _____

How do you typically regulate or ground yourself when overwhelmed? _____

Have you experienced bodywork, energy work, or therapy before? How did your body respond? _____

What does "safety in your body" mean to you right now? _____

Any additional comments regarding your health & well-being?

Traumatic Release LLC – Client Informed Consent and Disclaimer

I understand that the work provided by **Traumatic Release LLC** may include a combination of modalities such as **Massage Therapy, Polarity Therapy, Craniosacral Therapy, Reiki, and other somatic or energy-based techniques**. These services are intended to support relaxation, nervous-system regulation, energetic balance, and general well-being.

I acknowledge and understand that:

- These sessions are **not a substitute for medical, psychological, or chiropractic care**. No diagnosis, prescription, or medical treatment is provided or implied.
- I am responsible for consulting with a qualified health professional for any condition that requires medical or psychological attention.
- The practitioner will not manipulate the spine, diagnose conditions, or recommend discontinuing any prescribed medication or treatment plan.
- Touch used during sessions is non-sexual, professional, and guided by consent and comfort at all times. Any inappropriate behavior or comments will result in immediate termination of the session and full payment will remain due.
- Communication during the session is encouraged. I agree to inform the practitioner of any discomfort, boundary concerns, or changes in my health or emotional state.
- I understand that in some cases, physical or emotional release may occur as part of the body's natural healing and regulation process, and I take personal responsibility for my participation in that process.
- Results vary from person to person, and no specific outcome or cure is guaranteed.
- I release and hold harmless **Traumatic Release LLC** and its practitioners from any liability, damages, or claims arising from my participation in these sessions, provided that reasonable care and professional ethics have been maintained.

Trauma-Informed Consent

I understand that the work provided may involve body-based and energetic methods that can sometimes bring awareness to stored tension, emotions, or memories. I acknowledge that any emotional release or sensation that arises is a natural response of the body's self-regulating system.

I understand that I **may pause, adjust, or end the session at any time** for any reason. The practitioner will continually check in with my comfort level and will respect my verbal and non-verbal cues.

I understand that I am entering into a collaborative process that supports my capacity to feel safe and present in my own body. While this work may complement therapy or other forms of healing, it is **not psychotherapy**, and the practitioner does not diagnose or treat mental-health conditions.

By signing below, I confirm that I have read, understand, and consent to receive the above services under these terms.

Client Name (print): _____

Client Signature: _____ **Date:** _____

Practitioner Signature: _____ **Date:** _____