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## 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?

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## 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.**

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Client Name (print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Practitioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_