

**CLIENT INTAKE FORM**  
**Sharon's Healing Arts**

**COVID-19 Symptoms:**

Have you had a fever in the last 24 hours of 100 degrees or above?  Yes  No

Do you know, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?  Yes  No

Have you been in contact with anyone, in the last 14 days, who has been diagnosed with COVID-19 or with corona-virus symptoms?  Yes  No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Emergency Contact Name/No: \_\_\_\_\_

Areas of concern you would like addressed: physical, energetic, etc.,: \_\_\_\_\_  
\_\_\_\_\_

Expected outcomes for your session (relaxation, symptom relief, functional improvement): \_\_\_\_\_  
\_\_\_\_\_

Have you experienced bodywork or energy work before?  Yes  No If so, what was your experience?  
\_\_\_\_\_

Sensitive to touch?  Yes  No Any area(s) you do not want touched? \_\_\_\_\_  
\_\_\_\_\_

Sensitive to fragrance, essential oils?  Yes  No

**Medical Conditions - To provide you with an effective and safe treatment, please let me know:**

Are you currently under the care of a physician?  Yes  No If yes, Physician's name and number:  
\_\_\_\_\_

Possible complications/medications: \_\_\_\_\_  
\_\_\_\_\_

Any head, spine, tailbone, (brain/spinal cord) injuries?  Yes  No If yes, briefly describe: \_\_\_\_\_  
\_\_\_\_\_

Have you had any surgeries or injuries? Any medical condition(s)? If so, please provide a brief summary and approximate date: \_\_\_\_\_  
\_\_\_\_\_

Women: Pregnant  Yes  No Any high risk challenges? \_\_\_\_\_

What would you like me to know about you that has not been addressed in the previous questions?: \_\_\_\_\_  
\_\_\_\_\_

I understand that bodywork therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow. If I experience pain or discomfort during the session, I will immediately inform my therapist so that touch can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session. I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe or treat physical or mental illness. I affirm that I have notified my therapist of all known medical conditions and injuries. I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapist's part should I forget to do so. I understand that bodywork therapy is entirely therapeutic and non-sexual in nature. I understand that, because bodywork therapy involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including COVID-19. By signing this form, I acknowledge that I am aware of the risks involved from receiving treatment at this time. I voluntarily agree to assume those risks, and I release and hold harmless Sharon Gonzales, practicing through Sharon's Healing Arts from any claims related thereto. I give my consent to receive treatment from Sharon Gonzales. By signing this release, I hereby waive and release Sharon Gonzales from any and all liability, past, present, and future related to bodywork therapy.

\_\_\_\_\_ I have read the statement above and agree to all the policies.

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