

Jolene Kelley, LMT #17693
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Therapy Intake Form

Name: _____ Today's Date: _____

Pronouns: _____ Circle how you identify: Female Male Non-Binary Unsure

Referred by: _____ Date of Birth: _____

Email: _____ Phone: _____

To help me better support you, please answer the following questions as best you can. All that you share is important and confidential. I look forward to working with you.

Chronic/Acute Pain:

Illnesses/Accidents/Surgeries/Traumas:

Emotional Wellbeing:

Turn Over →

How do you replenish/nourish:

Experience with bodywork/healing modalities:

Goals working together:

Anything else you would like to share:

(Initial)

Client Agreement

_____ I have stated all my known medical conditions above to the best of my knowledge and will inform Jolene of changes related to my medical profile.

_____ I understand treatments are non-sexual.

_____ I will do my best to provide Jolene with a 48 hour notice if I need to cancel/reschedule my appointment. I agree to pay a \$75 fee if notice is under 24 hours or if I miss my appointment (exceptions are illnesses and emergencies).

Your signature below signifies that you agree to uphold the Client Agreement.

Client Signature: _____ Date: _____