



Amy Bean Reiki Master, LPTA, LMT #7081  
8514 SE Stark Street, Portland 97216 (503) 780-1478  
[www.radiancehealingarts.com](http://www.radiancehealingarts.com)

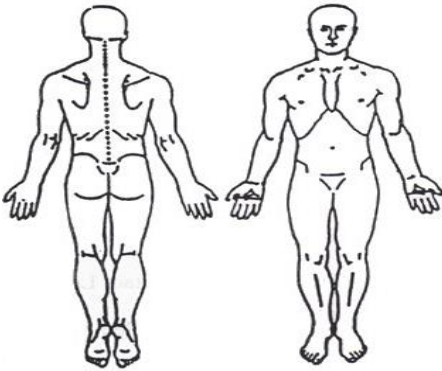
Confidential Client Intake - Your privacy is important to me!

Name \_\_\_\_\_ Pronouns \_\_\_\_\_ Birth date \_\_\_\_\_  
Email \_\_\_\_\_ Home/Cell \_\_\_\_\_ / \_\_\_\_\_  
Street Address \_\_\_\_\_ City, State and Zip \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Is there someone I may thank for your referral? \_\_\_\_\_ Phone \_\_\_\_\_

*Please circle if you have or had any of the following conditions:*

Heart Disease/High Blood Pressure	Cancer, Lumps or Growths	Headaches/Migraines
Depression, Anxiety	Varicose Veins, Phlebitis, Blood Clots	Autoimmune Disorder
Chronic Fatigue, Insomnia	Chronic Pain or Illness	Current or recent Pregnancy
Diabetes, Kidney Problems	Allergies to scents/oils	Recent Illness/Injury - Please List
Arthritis, Joint Problems	Contagious Skin Disorders	_____

*Please indicate areas of pain below:*



Relevant surgeries/injuries/illness and dates of occurrence:

\_\_\_\_\_

Specific conditions you are currently under medical care for:

\_\_\_\_\_

Medical Providers for above conditions:

\_\_\_\_\_

Current medications or remedies:

\_\_\_\_\_

*To better understand you and your self-care practices, please answer the following questions. (Optional but helpful)*

What is the main source of stress in your life? \_\_\_\_\_

How do you usually cope with stress? \_\_\_\_\_

Where do the effects of stress manifest in your body? \_\_\_\_\_

How often do you take time out for your own personal enjoyment, enrichment or relaxation?

Daily Weekly Monthly

Have you had therapeutic massage or energy healing before? Y/N Last session? \_\_\_\_\_ How often? \_\_\_\_\_

Areas of your body that need extra attention today? \_\_\_\_\_

Areas of your body you would rather have avoided? \_\_\_\_\_

The above information is accurate and true to the best of my knowledge. I understand that massage therapists do not diagnose disease, prescribe medications, or manipulate bones; and massage therapy is not a substitute for medical attention or examination. I take responsibility for alerting my practitioner to any physical, mental, or emotional changes that occur with my health. **I understand that I am responsible for any sessions denied by insurance. No information will be sold, rented or shared with outside parties without your consent and only in the event of legal, medical or billing necessity. Your signature indicates that you have been provided a copy of the HIPPA information protecting your medical and health information. Due to the COVID pandemic, all clients are required to complete a screening form, temperature check and wear a mask during sessions.**

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



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### Cancellation, No-Show and Late Arrival Policies

We understand that unanticipated events happen occasionally in everyone's life. Business meetings, project deadlines, flight delays, car problems, snowstorms, and illness are just a few reasons why one might consider canceling an appointment.

In our desire to be effective and fair to all of our clients and out of consideration for our therapists' time, we have adopted the following policies:

- **24 hour advance notice is required when cancelling an appointment. This allows the therapist to adapt and offer the opportunity for someone else to schedule an appointment.**
- **If you are unable to give us 24 hours advance notice you will be charged the full amount of your appointment. This amount must be paid prior to your next scheduled appointment.**

#### No-shows

Anyone who either forgets or consciously chooses to forgo their appointment for whatever reason will be considered a "no-show". Payment in full is required for the "missed" appointment and future service will be denied until payment is made.

#### Arriving late

Appointment times have been arranged specifically for you. If you arrive late, your session may be shortened in order to accommodate others whose appointments follow yours. Depending upon how late you arrive, your therapist will then determine if there is enough time remaining to start a treatment. Regardless of the length of the treatment actually given, you will be responsible to pay for the "full" session. Out of respect and consideration to your therapist and other clients, please plan accordingly and be on time.

I have read and agree to the above stated policies regarding cancellation, no-shows and late arrivals. I understand I am responsible for the full amount of the session(s) cancelled without adequate notice, no-shows or late arrivals, to be paid in advance of future sessions. A copy of these policies has been made available to me.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_