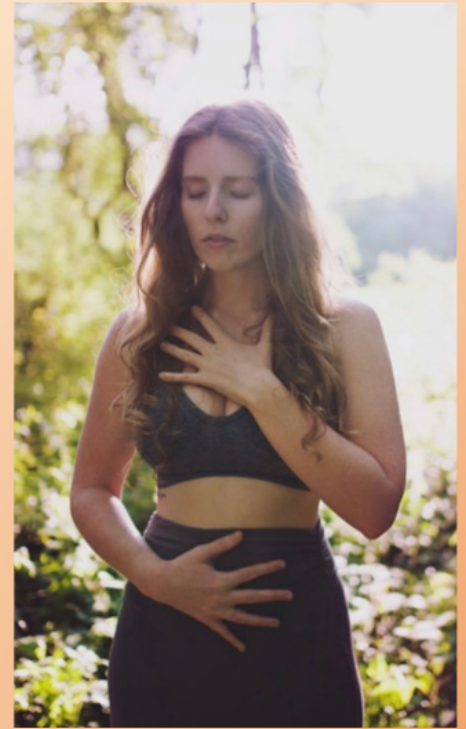


SADHANA

HEALING ARTS

Welcome!

Thank you for choosing
Sadhana Healing Arts
on your wellness journey.



I am Sandra,
Founder and sole practitioner at SHA.
In this packet you'll find all you need to
know for your upcoming appointment.

Office Hours:
Sunday, Tuesday, Thursday
12-5pm
By appointment only.

(To save time, please print and fill out the intake forms and cancellation policy and bring them with you to your first appointment.)

In office therapies:

BEGIN: Postural Analysis & Private Yoga

(wear bathing suit or shorts for analysis, comfortable clothing for yoga)

EMPOWER: Private Yoga Sessions

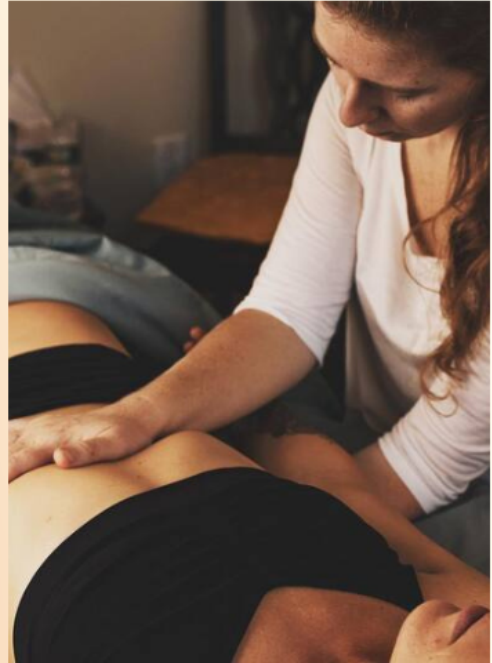
(wear comfortable clothes for yoga, I recommend you bring your own mat)

UNWIND: Myofascial Release (MFR)

(wear loose bra and shorts or bikini)

NOURISH: Ayurvedic Lifestyle

(bring an open mind :)



Directions:

Sadhana Healing Arts is located in the quaint coastal village of Padanaram. Our office is nestled in the Davis and Tripp Marina, feel free to park in their lot or any of the free parking located around the village. You'll see a sign for Sadhana Healing Arts out front at 1 Bridge St, South Dartmouth, MA, however the entrance to the office is in the **rear of the building**. You can find our door below the stairwell to the harbor master. If the door is locked, text (508) 863 - 9936 to let us know you are here. Please arrive for your scheduled appointment time, if I do not answer right away it is likely I am with another client and will respond as soon as I am available.

Client Intake Form- Therapeutic Massage

Today's Date _____

Name _____ Phone # _____ Occupation _____

Mailing Address _____

Email _____ Date of Birth _____

May I :

Send email confirmations and reminders for appointments Yes No

Communicate through text messaging with number provided Yes No

Referred by _____

May I thank them for referring you? Yes No

The following information will be used to help plan safe and effective massage sessions. It will be kept confidential. Please answer to the best of your knowledge.

Have you had professional massage before? Yes No
How recently?

Do you have an allergies or skin sensitivities to oils or lotions? Yes No
If so, please explain

Are you wearing :
contact lenses Yes No a hearing aid Yes No

Do you exercise? Yes No
If yes, how often and what activities?

Do you sit for long hours at a workstation, computer or driving? Yes No

Do you have any particular goals for this massage session? Yes No
If yes, please explain

Would you like to receive abdominal massage? Yes No

Are you currently taking any medications, prescription or over-the-counter? Yes No
If yes, please list:

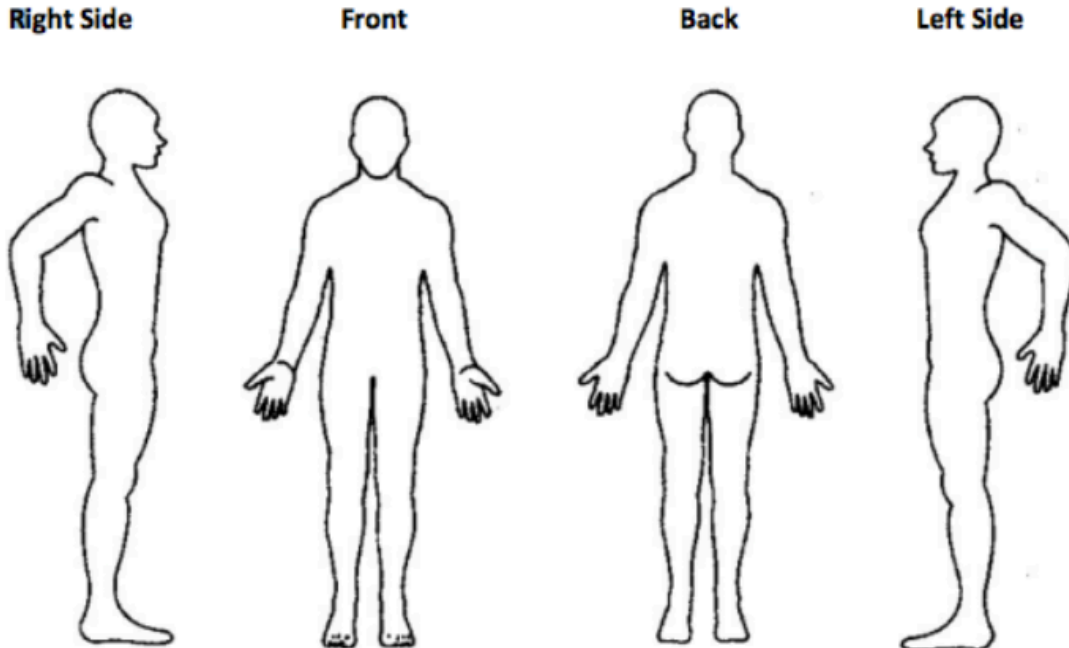
Please circle any condition below that applies to you:

- | | | | |
|------------------|-------------------|---------------------|-------------------------------|
| anxiety | varicose veins | depression | high or low blood pressure |
| DVT/blood clots | heart condition | easy bruising | circulatory issues |
| artificial joint | diabetes | headaches/migraines | numbness |
| TMJ | recent surgery | recent injury | pregnancy |
| osteoporosis | epilepsy/seizures | food allergy | osteo or rheumatoid arthritis |

Please explain any condition you circled above:

Is there anything else about your health history that you think would be useful for your massage therapist to know?

Please circle any specific areas you would like the massage therapist to concentrate on during the session:



Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any mental or physical ailment of which I am aware.

I understand that massage practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly.

I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so.

Understanding all of this, I give my consent to receive care.

Client signature _____ Date _____

Cancellation Policy

Please read the following carefully and sign below:

I do my best to accommodate changing schedules, however, last minute changes and cancellations do affect my business. I give a half hour before and after every client so that we may communicate clearly and you can be treated for the exact amount of minutes you pay for. This means if you do not show up, I have wasted multiple hours in which I could have treated someone else. This practice is my livelihood so please understand this policy is necessary for my business to thrive.

Therefore, a **\$50 non-refundable deposit** is now required to book appointments at Sadhana Healing Arts. This means if you cancel your scheduled appointment, you will lose your deposit. The **only exception** is for cancellations due to emergency or illness (please do not come to the office if you are contagious, I will send you home). If this is the case, your deposit will be transferred to your rescheduled appointment. If you have not paid your deposit within a week of your appointment, your appointment will be cancelled. My wish is that you are able to view this deposit as *a commitment to prioritizing your self care*.

Appointments missed without notice (no shows) will be required to pay the **full price** of the treatment booked in order to schedule another appointment.

I will only book appointments if these fees are paid.

If you are late, you will be charged for the full session and I will do my best to provide what is fair within the time slot I have set aside for you.

These business policies are firm, if you do not agree with any of the policies listed above I am happy to refer you to another practitioner. I very much appreciate your support and look forward to working with you!

I, _____ understand and accept this cancellation policy.

(Please print)

Signature _____

Date _____