



~ Intake Form LLA ~

Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_

DOB \_\_\_\_\_ Gender \_\_\_\_\_ Occupation \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Town and State of Residence \_\_\_\_\_

What brings you here?

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Surgeries

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Past Injuries

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Pre-Existing Conditions

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Current Medication / Supplements / Herbs

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Current Activity Level

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What Doctors or Specialists are you currently seeing?

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Bowel and Bladder (incontinence, constipating, diarrhea, urgency, ect.)

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Have you received bodywork before?  Yes  No  Maybe  I don't know

Anything else you would like to share

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### ~ Moon Cycle Information ~

Do you currently have your period?  Yes  No How many days is your cycle? \_\_\_\_\_

Are you pregnant or Postpartum?      Yes      No      How far alone? \_\_\_\_\_

What color is your blood?    Light Pink    Bright Red    Dark Red    Brown

What do you use on your period?    Underwear    Pads    Cup    Tampons    Other

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Any period, PMS, pregnancy, peri-menopause, or post menopause symptoms?

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History of Pregnancies Including Miscarriage

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Are you currently taking any form of contraceptive or hormonal supplements?

~ Informed Consent ~

I \_\_\_\_\_ hear by request and consent Little Lion Alchemy and staff to perform rehabilitative, maintenance, and body work treatment and care to myself. I understand and am informed that as in the practice of medicine, physical therapy, bodywork, and exercise there are risks involved. I understand that I have the right to ask about these risks and have any questions answered about my condition and procedures to be performed prior to, during or after treatment. I authorize Little lion Alchemy to perform any additional or different treatment, which is deemed necessary should during treatment a condition or limitation be discovered, which was not previously known.

I the undersigned recognize that there are risks involved in the type of treatment and activities offered at Little Lion Alchemy. Therefore, I accept financial responsibility for any injury that I may cause either to myself or others due to my negligence. Should the above-mentioned parties or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Little Lion Alchemy, their principles, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligence or intentional actor omission while participating in activities and treatments offered at Little Lion Alchemy, at the main office or any other location.

I have carefully read and fully understand the information on this form and have had the opportunity to discuss my condition and concerns with Rebecca Fleming. I consent and authorize Little Lion Alchemy to administer treatment for any and all conditions or limitations noted. I understand I have the right to deny or terminate treatment at any time I see fit. I understand that ultimately my health is my responsibility and I have the right to consult a Medical Doctors and/or Naturopath at any point through this process.

**HIPAA:** The Health Insurance Portability and Accountability Act (HIPAA) gives you rights regarding your protected health information (PHI). We may use or disclose your PHI to carry out treatment or healthcare operations related to care. You have the right to request a copy of your health records, request corrections to be made, or request all communication with me be restricted from unsecure transmissions.

Client Name:

Client Signature:

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Guardian Name:

Guardian Signature:

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