

**Dolphin Touch Wellness Center Intake Form**



Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_  
Email (Please Print) \_\_\_\_\_  
May we use this email for our newsletter and mailings? Yes No

How did you hear about us? Internet Search Website Ad Referral \_\_\_\_\_ Other \_\_\_\_\_  
Occupation \_\_\_\_\_ Male Female DOB: \_\_\_\_\_  
Contact In Case of Emergency \_\_\_\_\_ Phone (     ) \_\_\_\_\_

- Yes No Do you frequently suffer from stress?      Yes No Any Broken bones in the past two years?
- Yes No Do you experience frequent headaches?      Yes No Any major injuries in the past two years?
- Yes No Are you pregnant?      Yes No Do you have tension or soreness in a specific area?
- Yes No Do you have any contagious diseases?      Yes No Are you sensitive to touch or pressure in any area?
- Yes No Do you have any allergies?      If so, where? \_\_\_\_\_
- Yes No Have you ever had surgery? Explain below.
- Yes No Any other medical condition(s) or are you taking any medications I should know about?

**Please take a moment to carefully read the following information and sign where indicated.**

**Please Specify (Injuries/Surgeries)** \_\_\_\_\_

**Please Specify (Medications)** \_\_\_\_\_

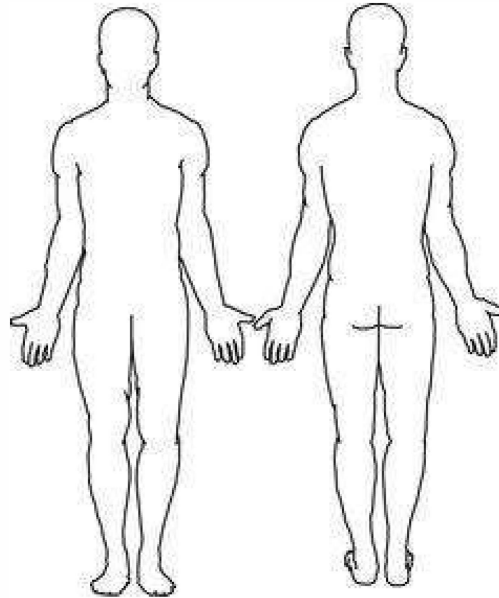
Have you ever experienced a Professional Reiki or Energy Work Session? Yes No  
Is it okay to do a hands-on session? Yes No  
Have you ever experienced a Professional Massage? Yes No    When was your last massage? \_\_\_\_\_  
How often do you receive massages? \_\_\_\_\_  
What type of pressure do you prefer? Light Medium Firm  
What would you like to achieve from this experience?  
Relaxation Energy Relieve tension Ease aches and pains Destress Other \_\_\_\_\_

I understand that the work I receive is provided for the basic purpose of relaxation and relief of tension. 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 Reiki or Bodywork 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 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 or on the part of Dolphin Touch Wellness Center, LLC should I fail to do so.

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

Practitioner Signature \_\_\_\_\_ Date \_\_\_\_\_

Please indicate in the picture below what areas of your body need extra attention today. Rate the level of pain on a scale of 0 to 10 (0 = No Pain).



Notes:

**Optional Add-on to Your Session:**

- Aromatherapy  
\$20.00
- Sound Therapy  
\$25.00
- Amethyst InfraRed Biomat Bed  
\$20.00
- Mermaid Water Table  
\$20.00
- Foot Massage - Add 25 Minutes  
\$55.00
- Ionic Foot Detox Bath  
\$55.00
- Reiki/Energy Healing 30 minutes  
\$65
- Intuitive Reading - 30 Minutes  
\$95.00
- Intuitive Reading - 60 Minutes  
\$195.00

Are there any other services you're interested in? \_\_\_\_\_

***Did you know?***

We offer free 15-minute Wellness Consultations on the following:  
(Let us know which you're interested)

🕒 Weight Loss

🕒 Overall Health

🕒 Divine Spirit Coaching