

XenFusion Intake Form

Name: _____ Birth date: _____

Address: _____

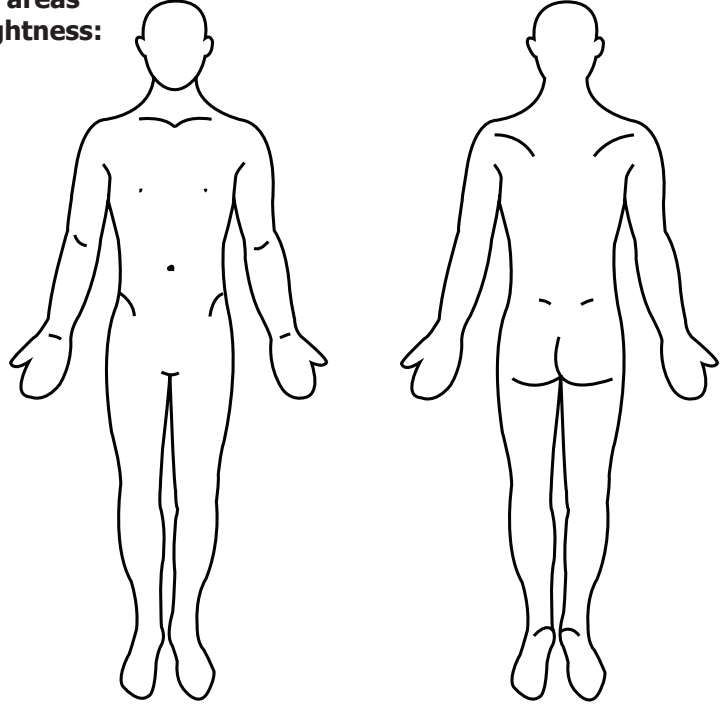
City: _____ State: _____ Zip: _____

Phone Number: _____ Occupation: _____

Please answer yes or no if the following apply to you:

- ___ cancer
- ___ pregnancy
- ___ heart conditions
- ___ skin disorders
- ___ recent operations
- ___ recent injuries/illness
- ___ metal implant screws/prosthesis
- ___ diabetes
- ___ high/low blood pressure
- ___ multiple sclerosis
- ___ athletes foot
- ___ toenail fungus
- ___ migraines
- ___ arthritis
- ___ allergies

Please circle areas of pain or tightness:



List medications currently taking: _____

Currently under care of physician/chiropractor? _____

Name of physician/chiropractor: _____

Where did you hear about XenFusion? _____

Would you like to be on our mailing list? _____

Client Conduct: The type of therapeutic massage offered at XenFusion is non-sexual in nature. Although relaxation and the intimate touch associated with massage can prompt a physical response, this is not the intended outcome. No sexualized language or behavior is appropriate either by the client or the therapist. Any attempt to make the session sexual or inappropriate will result in the immediate termination of the session & the client/therapist relationship. Any breach of this will cause the session to be terminated. Full payment is due at the beginning of each session, the client will not be reimbursed for terminated sessions.

I certify the above statements are true and correct and that I _____ having been advised and fully informed by Jennifer of XenFusion Touch Massage concerning the nature of treatment process proposed to be administered by them, hereby authorize and direct them to administer such process and perform such procedures as deemed necessary or advisable. My signature below constitutes my acknowledgement that (1.) I have read, understand and fully agree to the foregoing consent (2.) the proposed treatment process has been satisfactorily explained to me and I have all the information I desire (3.) I hereby give my consent and authorization voluntarily and release this establishment and it's agents of any claims that I have, or may have in the future, in connection with the described treatments.

Signature: _____

Date: _____