

**LIGHTTOUCH THERAPIES**  
**Jacqueline Faulkner, Manual Therapist**  
1001 E Washington St. Suite 8  
Sequim, Wa 98382  
831 345-9955

**Client Intake Form**

Date \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Street and Number

City

State

Zip

Date of Birth \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home # \_\_\_\_\_ Business # \_\_\_\_\_

E-Mail \_\_\_\_\_

Current Occupation \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Referred by \_\_\_\_\_

List your primary health concerns and rate on a scale from 1-10 on how much they impact your life

(0= no impact). Use additional paper if needed

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Other practitioners (acupuncturist, chiropractor, osteopath, naturopath, etc.) you are currently seeing

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\_\_\_\_\_

**List any major hospitalizations and/or surgeries you have had (include year)**

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**List any major illnesses you have had (include year)**

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**List any scar tissue, fractures, dislocations or concussions you have had (include year)**

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**List any motor vehicle accidents, falls, injuries or accidents you have had (include year)**

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## Medications

**What medications are you currently taking?**

Medications \_\_\_\_\_ For What \_\_\_\_\_ For how long \_\_\_\_\_

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**List any over the counter medications and/or supplements you are currently taking.**

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**What are your goals for treatment?**

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## Client Acknowledgement and Consent to Receive Services

- I understand that payment is due at the time the services are rendered. I acknowledge that cash, check or credit card are accepted for payment. I acknowledge that the use of a credit card has a \$5.00 service fee attached.
- I understand that I should not arrive more than 5 minutes before my session so that I do not interrupt someone else's session.
- I agree to dress in comfortable clothing. This includes:
  - Loose fitting pants and collarless shirts (T-shirts) are best. This would include clothing such as gym and yoga type clothing. **No jeans please**, as the seams are too thick and uncomfortable to work on, both for you and for me.
- If I have questions that arise between sessions, I understand that I am free to contact Jacqueline Faulkner, Manual Therapist. I understand that she will return my call as soon as she is able.
  - (Please leave me times that are best for reaching you. You can also text me at 831 345-9955 or email me at (jacquelinefaulkner5@gmail.com))
- To maintain a hypoallergenic environment, I agree to refrain from wearing perfume or fragranced body and/or hair products prior to my appointment.
- I have consented to use the services offered by Jacqueline Faulkner, Manual Therapist, and agree to be personally responsible at the time of service for the fees in connection with the services provided to me.
- I understand that Jacqueline Faulkner works by appointment and that a **24-hour notice** is required to cancel or reschedule an appointment. If I am unable to provide a 24 hour notice I agree to pay the full fee for the treatment time reserved. (Substitutions are permissible as available)

I have read and understand the above client agreement in regard to the therapy offered by Jacqueline Faulkner.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

(Client/parent/guardian)

Indicate relationship if signing for someone else: \_\_\_\_\_

