



ALL INFORMATION IS CONFIDENTIAL

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Best Phone: _____ Cell: Y/N

Best Email: _____

Best Method of Contact: _____

Date of Birth: _____

Occupation: _____

Have you ever experienced Spinal Flow before? _____

If so, when? How often? _____

How did you hear about Spinal Flow Healing Studio? _____

What prompted you to try Spinal Flow? _____



What are your goals for our time together? _____

Please describe any aches, injuries or health concerns: _____

Please note any information that would need to be passed onto a medical professional in the case of an emergency (i.e. allergies, drug interactions, etc.)

Emergency Contact: _____

Phone Number: _____

Relation: _____





SPINAL FLOW HEALING STUDIO, LLC
LIABILITY RELEASE

_____ (“Participant”) expressly agrees that participation in the activities of Spinal Flow Healing Studio LLC (“Company”) and use of all the Company’s equipment and services, undertaken by the Participant and/or the Participant’s guest shall be at the sole risk of the Participant and the Company shall not be liable in any fashion for the injury or damages(s) to the Participant, the Participant’s guests or the property of the Participant or any guest. The Company shall not be subject to any claim, demand, injury, or damages whatsoever, including without limitation, those demands resulting from any acts of active or passive negligence on the part of the Company, its officers, owners, agents or employees. The Participant for him/herself and on behalf of his/her executors, administrators, successors and assigns, does hereby expressly forever release and discharge the Company, its successors and assigns, as well as its officers, owners, agents and employees from all claims, demands, injuries, damages or cause of action, and agrees to save, indemnify, and hold harmless the Company, its officers, owners, agents and employees from all costs, loss, expense, and/or damage arising out of or in connection with the subject matter of the waiver of claims, including reasonable attorney’s fees. I have carefully read, understand and voluntarily sign this Document and acknowledge that it shall be effective and binding upon myself and my family and my heirs, executors, representatives and estate.

Printed Full Name: _____

Signed Full Name: _____

Date: _____





STUDIO POLICIES

Cancellation Policy:

In an effort to provide the highest level of quality service, the studio keeps a select number of appointments available each day. Consequently, there is often a waiting list. As a courtesy to those clients and the studio, please provide 24-hour notice if you need to reschedule your session. If sufficient notice is not provided, the full session fee will be charged.

Emergency Cancellation Policy:

To accommodate illness and other emergency situations, each client is granted two "emergency cancellations" per calendar year in which the session fee is waived. If rescheduling or canceling becomes chronic, you may be asked to surrender your time slot to someone on the wait list and choose a time that you can commit to more consistently. In the event of inclement weather, rescheduled sessions will not be counted as an "emergency cancellation" as the highest priority is your safety.

Payment:

Payment is expected at the time of service unless packages are purchased in advance. The studio accepts cash, check, and credit cards as forms of payment, with cash or checks preferred. Checks are payable to Spinal Flow Healing Studio, LLC. There will be a \$35 charge for all NSF returned checks. Session packages and Gift Certificates are non-refundable and expire 6 months from date of purchase. If unforeseen circumstances prevent the use of sessions before the expiration date, remaining sessions may be transferred to the next package purchased. If no new package will be purchased, the unused portion of the expiring package will revert to the single session rate and that balance can be transferred to someone who is not a current client of the studio.

Attire:

It is best to wear loose clothing that is comfortable and allows your body to breathe. Please make sure that your attire does not have protruding zippers, buckles, snaps, and the like that can scratch and tear the massage table. Please refrain from wearing fragrance, perfume and heavy lotions.

Session Length:

Your body is the ultimate authority on session length. Please allow 60 – 75 minutes for the Initial Intake Sessions, 30 minutes for the Signature Healing Sessions and 60 minutes for the Deluxe Healing Sessions. The Healing Immersion Days generally last between 5 and 6 hours. It is important that we begin each session on time because each session must end on time. Please text the studio at 425-241-4214 if you are stuck in traffic and will be late. You will receive a courtesy call if you are ten minutes late for your session. Sessions will be considered forfeited if you are more than 20 minutes late for a Deluxe Healing Session.

Non-Medical Care:

I understand that the Spinal Flow Technique is a healing modality, not standard medical care. Carmela Ramaglia is not a licensed medical professional and makes no claims or offers to diagnose or treat any medical or mental condition. The Spinal Flow Technique is grounded in the belief that the body can heal itself. That said, all bodies are unique, and the individual healing process can not be predicted. By engaging with Carmela Ramaglia and Spinal Flow Healing Studio, LLC, you acknowledge that you are choosing to engage these services to support you in your quest for optimal mental, emotional and physical well-being which is your constitutional right and hold Carmela Ramaglia and Spinal Flow Healing Studio, LLC harmless from anything that may come from participation in these services.

I have read, understood and accepted these policies.

Signed Full Name: _____

Printed Full Name: _____

Date: _____





ACCESS POINT CONSENT

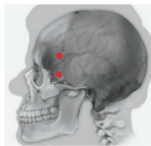
I understand that Spinal Flow Technique® is a hands-on healing modality in which the practitioner applies a gentle pressure to various points along my spine, cranium, and sacrum. I also understand that this touch occurs while I am fully clothed, lying comfortably on a massage table.

I acknowledge and consent that I may be touched at the various access points outlined below.

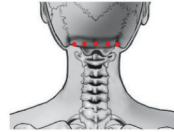
Frontal Bone Access Points



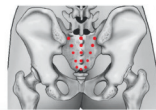
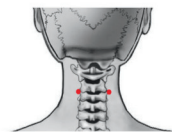
Sphenoid Bone Access Points



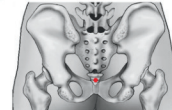
Occipital Bone Access Points



Cervical Access Points



Sacral Access Points



Coccyx Access Point

I may also experience touch in the following areas: Top of Head, Hands, Feet, Back of Legs, Shoulders, General Back.

I acknowledge and consent to touch.

Printed Full Name: _____

Signed Full Name: _____

Date: _____

