

Jolene Kelley, LMT #17693
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Confidential Therapy Intake

Name: _____ Today's Date: _____

Pronouns: _____ Circle how you identify: Female Male Non-Binary Unsure

Referred by: _____ Date of Birth: _____

Email: _____ Phone: _____

Welcome and I'm excited to work with you! To help me better support you, please answer the following questions as best you can. Describe how you are affected (physically, emotionally, etc.). If it doesn't apply, just skip! All that you share is important and confidential.

Stress:

Anxiety:

Depression:

Headaches/vision/sinus issues:

Numbness/tingling/chronic fatigue/circulatory problems:

Hormone imbalances/PMS/pregnant (kids?):

Turn over →

Pain:

Emotional wellbeing:

How do you replenish/nourish:

How is sleep:

Experience with bodywork/healing modalities:

Health issues/illnesses/traumas/accidents/surgeries:

Intentions/goals working together:

(Initial)

Client Agreement

_____ I have stated all my known medical conditions above to the best of my knowledge.

_____ I agree to inform Jolene of changes related to my medical profile.

_____ I understand treatments are non-sexual.

_____ I will do my best to provide Jolene with a 48 hour notice if I need to cancel/reschedule my appointment. I agree to pay the full cost of session if notice is under 24 hours or if I miss my appointment (exceptions are illnesses and emergencies).

Your signature below signifies that you agree to uphold the Client Agreement.

Client Signature: _____ Date: _____