



*Ka Malama Anela*

**Kilani Pedro, L.M.T.** LIC# NVMT 8362  
Certified Angel Intuitive, Kahuna, CACR, CATR

**702-900-7189**

www.HuiOAnela.com  
Kahuna@HuiOAnela.com

**Client Intake Form:**

Name \_\_\_\_\_ Cell # \_\_\_\_\_ Home # \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_ Years / Months \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

**The following information will be used to design safe and effective massage sessions. Please answer the questions to the best of your knowledge. Your answers will be discussed at the start of each session.**

Date of Initial Visit \_\_\_\_\_ Referred By \_\_\_\_\_

Have you had a professional massage before? Yes No

If yes, how often do you receive massage therapy? \_\_\_\_\_

• Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain \_\_\_\_\_

• Do you have any allergies to oils, lotions, ointments, holistic herbs or scents? Yes No

If yes, please explain \_\_\_\_\_

• Do you have sensitive skin? Yes No

• Are you wearing contact lenses  dentures  hearing aid(s) ?

Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please describe \_\_\_\_\_

• Do you perform repetitive movements with work, sports, or hobbies? Yes No

If yes, please describe \_\_\_\_\_

• Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, how do you think it has affected your health?

Muscle Tension  Anxiety  Insomnia  Irritability  Other \_\_\_\_\_

What type of massage are you seeking (*select all that apply*)? Relaxing  Angel Intuitive  CranioSacral  Sports

Trigger Point  Clinical Bodywork (Myofascial Repatterning)  Reflexology  Reiki / Energy  I'm undecided

**What pressure do you prefer? Deep / Trigger Point  Medium  Light  Energy work**

Any areas of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

If yes, please identify \_\_\_\_\_

Do you have any particular goals in mind for this angel intuitive massage session? Yes No

If yes, please share \_\_\_\_\_

Are there any areas (*face, abdomen, feet, etc.*) you do not want massaged? \_\_\_\_\_



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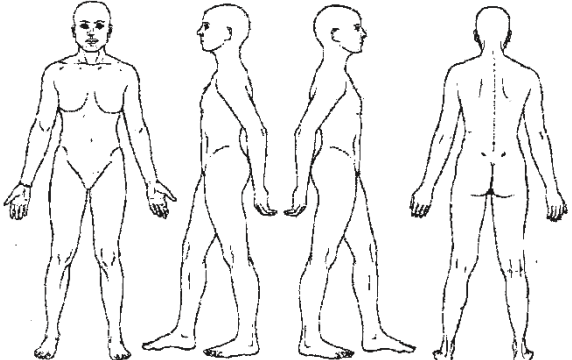
**Medical History:**

- Are you currently seeing a medical practitioner or chiropractor?    Yes    No
  - If yes, please explain \_\_\_\_\_
- Are you currently taking any medication?                            Yes    No
  - If yes, please list \_\_\_\_\_

<b>• Please circle all that applies to you :</b>		
Anxiety / Depression / Stress / PTSD *Recent / current fever Swollen glands Fatigue / Anemia Bruise easily / Hemophilia Open sores / wounds *Recent fracture / strain / sprain Neck / back pain or injury Leg / knee pain or injury Jaw clenching / Teeth grinding Joint disorder / Tendonitis Surgeries ( <i>in the last 18 months</i> )	Contagious skin condition Heart condition High or low blood pressure Decreased sensation Carpal Tunnel Syndrome Tennis Elbow / Golfer's Elbow Scoliosis / Lordosis / Kyphosis Sciatica / Pseudo-Sciatica TMJS / TMD (Jaw pain) Rheumatoid Arthritis / Osteoarthritis Artificial Joint / Pins / Plates / Pacemaker Pregnant ~ wks. / mos.? _____	Allergies / Skin or other sensitivities Breathing problems / Asthma Arteriosclerosis / Atherosclerosis Varicose Veins / Phlebitis Deep Vein Thrombosis / Blood clots Headaches / Migraines Epilepsy / Seizures Diabetes / Neuropathy Fibromyalgia / Multiple Sclerosis Cancer Other _____
		<i>*Recent = within the last two weeks</i>

Please explain the circled conditions above \_\_\_\_\_

- Do you drink alcohol or take recreational drugs?    Yes    No    ~ If yes, has it been more than 48 hours?    Yes    No

<p><i>Kilani Pedro DBA Ka Malama Anela and Hui O Anela</i> invites you to ask any questions regarding all available products and services. <i>The most effective therapeutic massage will comprise of the mutual understanding, trust, and compassion shared between a massage therapist and client.</i></p> <p>Full payment is required for all services rendered prior to session. All services and products may be securely purchased prior to any session online by visiting <a href="http://www.HuiOAnela.com">www.HuiOAnela.com</a>. If web access is not available, cash, debit, or credit card may be accepted beforehand. Tips are appreciated.</p> <p><b>**NO REFUNDS ON ALL SERVICES. NO EXCEPTIONS. **</b></p> <p><b>Please be available (20) twenty minutes before your session for paperwork, payment, and table set-up/session preparations. .</b></p> <hr/> <p>I authorize <i>Ka Malama Anela</i> to release all information requested, in writing, by/to my medical provider, clinic, or hospital. Otherwise, I understand that my private health information is protected under HIPAA: <a href="http://www.hhs.gov/hipaa/">www.hhs.gov/hipaa/</a></p>	<p><b>Please mark areas of discomfort with an X and CIRCLE areas you would like to focus on.</b></p> 
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I agree to keep my massage therapist informed of changes to my medical profile and will update my file of these changes. Since massage should not be performed with certain medical conditions, medications or while under the influence, I affirm that I have answered all questions to the best of my knowledge and stated all known medical conditions. I also accept my responsibility in communicating my comfort level throughout the session. I understand that there shall be no liability on the massage therapist's part should I fail to do any of the above. I have read, understand, and agree to all the terms and policies provided to me.

\_\_\_\_\_  
*Client's Signature of Acknowledgement*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Date*