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## **Confidential - Client Intake Form**

**Client Name:**

**Date:**

**Referred by:**

**Phone:**

**Email:**

What would you like out of working together? \_\_\_\_\_

What other kinds of practitioners have you seen in regards to this? \_\_\_\_\_

Are you now under the care of a physician, therapist, or other health practitioner?  Yes  No

If yes, whom, and for what? \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

Please check all that apply:

\_\_\_\_\_ Heart Condition

\_\_\_\_\_ Osteoporosis

\_\_\_\_\_ Infectious or Contagious Conditions

\_\_\_\_\_ Open Cuts or Sores

\_\_\_\_\_ Varicose Veins

\_\_\_\_\_ Phlebitis/ Clotting

\_\_\_\_\_ Numbness/Tingling: \_\_\_\_\_

\_\_\_\_\_ Chronic Pain: \_\_\_\_\_

Please describe any:

Surgeries in the last 3 years: \_\_\_\_\_

Major accidents, injuries, traumatic events, illnesses: \_\_\_\_\_

Any other conditions or history that I should be aware of: \_\_\_\_\_

**Fee Structure & Policies (Massage Therapy):**

60 minutes @ \$80-100 (sliding scale)

90 minutes @ \$120-150 (sliding scale)

Minor's rate: please inquire

(Venmo; Zelle; PayPal: add \$5)

- **Miscellaneous policies:** Payment is due at each session (or in advance for telephone sessions), unless other arrangements have been made in advance.
- **Health and Auto Insurance** may cover the cost of bodywork, especially if you have a physician's referral. I do not bill insurance companies directly, but upon request can provide you with the necessary statements for reimbursement requests.
- As a part of my **commitment to make my services available** to a broad range of clients, I offer lower cost sliding-scale sessions for people in exceptional circumstances who could not otherwise afford to receive the work. These are arranged on a case-by-case and space-available basis; please ask in advance of your session if you are interested.
- **As much advance notice as possible is appreciated for appointment changes or cancellations.** Please do not use email alone for changes or cancellations with less than 24 hours notice—please text/telephone, as well. Except for unforeseeable emergencies, **full payment is due for changes or cancellations made with less than 24 hours notice.**

**Disclosure Statement**

***In Accordance with Colorado State Law***

1. Although not all modalities are relevant to every client or to all sessions, the modalities I employ include hands-on body therapy modalities (massage and bodywork). The Colorado Department of Regulatory Agencies regulates the practice of therapies by licensed and unlicensed practitioners. Questions, concerns, or complaints should be directed to the State Grievance Board, 1560 Broadway, Ste. 1340, Denver CO 80202 (303) 894-7766.
2. My business address and telephone number are listed above; details about my professional credentials and education are attached.
3. Client Rights and Important Information:
  - You are entitled to receive information from me regarding my methods and techniques used, as well as policies and fee structure (attached).
  - You should know that in a professional relationship, sexual intimacy between therapist and client is never appropriate, and should be reported to the State Grievance Board.
  - All information provided by and to you will be held in strict confidence. You should know that there are certain circumstances under which I may be forced to divulge information without your consent (such as issuance of a subpoena by a court of law or client involvement in criminal or delinquency proceedings). Should these or other such circumstances arise in our work, I will identify and discuss them with you.
4. Please feel free to ask questions or for additional information.

I have read and agree to the information, and understand my rights as a client.

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Client (and/or parent) signature

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Date