



# Etch *Relaxation*

## CLIENT INTAKE FORM AND TOUCH CONSENT

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Emergency contact \_\_\_\_\_

Phone \_\_\_\_\_

**\*\*Please answer the questions below**

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How did you learn about  
Etch Relaxation? \_\_\_\_\_

Have you experienced somatic scratch before? Yes  No

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I understand that Etch Relaxation sessions involve light touch, tracing, scratching, brushing, and other sensory relaxation techniques. I understand that I may stop the session at any time and may request adjustments to pressure and technique. I understand that my comfort and consent are ongoing throughout the session. I understand that Krystle Saatjian, owner and operator of Etch Relaxation, does not diagnose any illness, disease or any other physical or mental disorder. I understand that Krystle Saatjian, owner and operator of Etch Relaxation does not prescribe medical treatment. I will inform Krystle Saatjian of any current health conditions that would affect the safety of myself or anyone at the beginning of each session.

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Signature \_\_\_\_\_

Date \_\_\_\_\_