1. Client Onboarding & Consultation Form

Please complete before your first session. We will go through it together at the start of your 2-hour first session. Write as much or as little as you like. Everything you share is confidential (see the data note at the end).

Date: _____

Therapist: Mary Jane Orajekwe (Macjay), CPI-certified Cuddle Therapist

1. Contact information

Full name: _____

Preferred name / nickname and pronouns:

_____

Date of birth (clients must be 18+): _____

Home address (session address): _____

Postcode: _____

Mobile: _____

Email: _____

May I text you for scheduling and brief messages? ☐ Yes ☐ No

Best way and time to reach you: _____

Emergency contact name, relationship and phone (optional but recommended):

_____

2. How did you find me?

☐ Website / directory (CPI member directory, CMA, other): _____

☐ Social media (which platform?): _____

☐ Friend / referral (optional: who?): _____

☐ Search engine / Google Maps

☐ Event, talk or complimentary card (e.g. gala)

☐ Other: _____

3. What brings you to cuddle therapy?

What are you hoping to experience or work on? (e.g. comfort, relaxation, loneliness, touch deprivation, stress, feeling safe with touch again)

_____

_____

_____

4. Touch history and comfort level

How would you describe your current relationship with platonic physical touch?

☐ I receive plenty and feel comfortable with it

☐ I receive some but would like more

☐ I receive very little / almost none

☐ I receive touch but it usually has strings attached / isn't fully safe

☐ Other: _____

How comfortable are you initiating touch? ____ / 10 How comfortable are you receiving touch? ____ / 10

Have you had a professional cuddling / platonic touch therapy session before? ☐ No ☐ Yes: how many times / practitioners? _____

5. Session preferences and boundaries

Types of touch I am open to exploring (we will agree and check in during sessions):

☐ Hand-holding / hand massage

☐ Head / hair stroking

☐ Back / shoulder rubs

☐ Spooning (big spoon / little spoon / either)

☐ Face-to-face / heart-to-heart hugging

☐ Resting head on lap / chest / shoulder

☐ Seated side-by-side contact

☐ Back-to-chest (seated)

☐ Other positions or styles: _____

Types of touch I do NOT want (hard boundaries: these will never happen):

_____

_____

Clothing level (both of us stay clothed; most common is fully clothed):

☐ Fully clothed (default)

☐ Loose / comfortable layers only

☐ Other preference: _____

Conversation style during sessions:

☐ Mostly quiet / meditative

☐ Gentle conversation is welcome

☐ I like to talk a lot / process emotions

☐ I prefer the therapist to lead light conversation

☐ Other: _____

Where in your home you would like to cuddle:

☐ Bed

☐ Sofa

☐ Rug / floor with cushions

Music? ☐ Yes (your choice welcome) ☐ No Scented candles / diffuser? ☐ Yes ☐ No (scents can cause reactions) I tend to feel: ☐ Cold ☐ Warm ☐ Neither

Cultural, religious or personal preferences:

_____

Our stop signal (default: the word "stop"): _____

6. Your home on the day (home visits)

Who else will be in the home during the session?:

_____

Are there pets in the home? (Please keep them out of the session room.) ☐ Yes ☐ No Details:

_____

Is there parking near your home? ☐ Yes ☐ No Details: _____

Access notes (stairs, door codes, lift):

_____

7. Health and safety screening

This is not a medical assessment. It helps me keep you comfortable and safe.

Any medical or physical conditions that affect touch, pressure, positioning, breathing or mobility (e.g. fibromyalgia, recent surgery, joint issues, respiratory conditions, wheelchair or hospital bed)? ☐ Yes ☐ No Details: _____

Any recent injury, however minor (e.g. whiplash after a small car accident, a sprain or a fall)? ☐ Yes ☐ No Details: _____

Any heart, epilepsy or other condition I should know about, including what to do in an emergency? ☐ Yes ☐ No Details: _____

Any history of trauma (e.g. PTSD, sexual trauma, touch aversion) where extra care would help? You do not need to share details.
☐ No ☐ Yes, extra mindfulness would be helpful ☐ Prefer not to answer

Any skin conditions, allergies (lotions, fabrics, scents, candles, pets) or sensory sensitivities? ☐ Yes ☐ No Details: _____

Any contagious illness at the moment (cold, flu, Covid, cold sores)? ☐ Yes ☐ No Details:

_____

Are you currently seeing a doctor or therapist about emotional issues, or taking medication for an emotional disorder? (If yes, please check with them before your session.) ☐ Yes ☐ No Details:

_____

Medication I should know about (optional):

_____

Sessions are sober experiences: no alcohol or recreational drugs before or during a session. ☐ I understand and agree

8. Important agreements and consent foundations

Please initial each statement to show you have read and agree:

Initials _____ I understand and agree that all touch is strictly platonic and non-sexual. There will be no kissing, no sexual touch, no sexual arousal behaviours, and no romantic or sexual solicitation during or after sessions.

Initials _____ I agree to communicate my yes / no / maybe clearly and to respect the therapist's boundaries equally.

Initials _____ I understand the therapist may pause, redirect or end any touch or session if boundaries are unclear or crossed.

Initials _____ I agree to give and receive ongoing consent. I can say "pause", "change", "less pressure", "more quiet" or "stop" at any time, and the same applies to the therapist.

Initials _____ I agree to be sober and free of strong scents (perfume/aftershave) at the session.

Initials _____ I have read and agree to the session rates (£45 per hour: first session for new clients minimum 3 hours, £135; standard 1 hour £45), the travel costs I pay for home visits, the cancellation policy and payment terms.

9. Final open question

Is there anything else I should know to make our sessions feel safe, comfortable and effective for you?

_____

_____

I confirm the information above is true to the best of my knowledge and I will tell Mary Jane if anything changes before a future session.

Client (digital or physical) signature: _____ Print name: _____ Date: ____/____/_____

Therapist notes / follow-up questions for consultation call

_____

_____

_____

Your data (UK GDPR). Sweet Cuddles with Macjay (Mary Jane Orajekwe, sole trader) is the data controller. I collect only the information needed to give you safe sessions. Health information is special category data and I only record it with your explicit consent. Forms and notes are stored securely (locked/password-protected), never sold, and only shared if the law requires it or there is a serious risk to someone's safety. Records are kept for [RETENTION PERIOD, e.g. 6 years after our last session; confirm with insurer] and then securely destroyed. You can ask to see, correct or delete your data, or withdraw consent, by emailing hello@sweetcuddleswithmacjay.co.uk. You can complain to the Information Commissioner's Office (ico.org.uk).