



Client Intake Form

Name: _____ Cell Phone: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Occupation: _____

Receive Newsletter & Specials? Yes No Referred By: _____

In case of emergency: _____ Phone: _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition of specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever experienced a professional massage or body work session? Yes No How recently? _____

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? Light Medium Firm

If you answer "yes" to any of the following questions, please explain as clearly as possible.

- | | | | | | |
|-----|----|--|-----|----|---|
| Yes | No | Do you have diabetes? | Yes | No | Do you bruise easily? |
| Yes | No | Do you experience frequent headaches? | Yes | No | Any broken bones in past? |
| Yes | No | Are you pregnant? | Yes | No | Any accidents or injuries in the past? |
| Yes | No | Do you suffer from arthritis? | Yes | No | Do you have tension or soreness in a Specific area? Please specify: |
| Yes | No | Are you wearing contact lenses? | | | |
| Yes | No | Are you wearing dentures? | | | |
| Yes | No | Are you taking high blood pressure medication? | Yes | No | Do you suffer from back pain? |
| Yes | No | Do you have cardiac or circulatory problems? | Yes | No | Do you have numbness/stabbing pain? |
| Yes | No | Do you suffer from epilepsy or seizures? | Yes | No | Are you sensitive to touch in any area? |
| Yes | No | Do you suffer from joint swelling? | Yes | No | Do you have varicose veins? |
| Yes | No | Do you have any contagious disease? | Yes | No | Do you have osteoporosis? |
| Yes | No | Do you have any allergies? | Yes | No | Are you taking any medication? |
| Yes | No | Have you ever had surgery? Explain below | Yes | No | Other medical condition? Explain below |

Comments: _____

I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnosis, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all the questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advance made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature: _____ Date: _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____
To administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian: _____ Date _____