

## CLIENT INTAKE FORM

Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Any Hobbies: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell Phone : (\_\_\_\_)\_\_\_\_-\_\_\_\_

Referred by?: \_\_\_\_\_

**Is there anything in your health or medical history, which I should be aware of?** (Diabetes, high blood pressure, arthritis, bulging discs, serious illness/surgeries in the past 2 yrs, suffering from stress, depression, frequent headache, migraine, etc.)

**Are you under a doctor's care or taking medications?**

**Are you pregnant?** Y / N (Due Date:\_\_\_\_/\_\_\_\_/\_\_\_\_)

**Do you have any pain or discomfort? If so, where?**

**What is your stress level? (0-10, "0" being no stress)** \_\_\_\_\_

**How is your sleeping pattern?** Normal, Difficulty falling asleep, Disturbed (how & why? \_\_\_\_\_)

**How is your digestive system?** good, diarrhea (how often? \_\_\_\_), constipated, bloating, abdominal pain/cramps/discomfort

**Do you have any allergies?** \_\_\_\_\_

**Have you ever received a professional massage and/or bodywork before? ( Y / N )**

If so, when was your last session, what kind \_\_\_\_\_, and where/ by whom? \_\_\_\_\_

**What type of massage do you prefer?** LIGHT MEDIUM FIRM OTHER ( \_\_\_\_\_ )

**Do you have any sensitive areas where I should be careful?**  
(Cuts, bruises, varicose veins, skin conditions, ticklish, etc.)

**What are reasons why you are interested in today's session?**

**What are your LONG TERM GOALS?**

**Is there anything else I should know before we start?**

I understand that certain treatments may be contraindicated if I have a specific medical condition or specific symptom. I understand that massage or bodywork should not be construed as a substitute for medical examination, diagnosis or treatment and that I should seek assistance from medical specialist for any ailment of which I am aware. I understand that massage/bodywork therapist are not qualified to diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session given should be constructed as such.

**\*Cancellation & LATE ARRIVAL POLICY\***

-24 hrs advance notice; otherwise 75% of the total price will be charged

- If you arrive late, you will still be required to pay the FULL session fee

**CLIENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_