

CLIENT INTAKE FORM

"Healing Spirit" - Alternative Therapy & Bodywork

Name: _____ Birthday: ____/____/____ Email: _____
Occupation: _____ Any Hobbies: _____ Address: _____
Home Phone: (____) _____ - _____ Cell Phone : (____) _____ - _____ Referred by?: _____

Please circle if you have or have had a history of any following:

addiction, allergies, arthritis, bulging discs, cancer, contagious diseases, depression, diabetes, epilepsy, heart problems, high blood pressure, herpes, insomnia, stress, frequent headaches, migraine, phlebitis, skeletal disorders, skin diseases, spastic paralysis, whiplash, OTHERE _____

Have you ever had any serious illnesses, surgeries, chronic viral infections or traumatic accident? If so, when?

Explain: _____

Are you presently under a doctor's care or taking medications? Y/ N

Please list & describe for what conditions?: _____

Are you pregnant? Y / N (Due Date: ____/____/____)

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

Do you exercise? Y / N How much & what kind of exercise? _____

What is your stress level? (0-10, "0" being no stress) Physical _____ Emotional _____ Life Changes _____

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

How is your digestive system? (circle) good, irregular, constipated, bloating, abdominal pain/cramps/discomfort, diarrhea (how often? _____), Loose, burning sensation, thick, oily, sluggish, forms mucous

How many bowel movement? _____ per day _____ per week

What is your appetite? Irregular, Strong, Slow but steady

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? _____

How often do you receive massages and/or any other bodywork? _____

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 construed as such.

Cancellation & LATE ARRIVAL POLICY

-24 hrs advance notice; otherwise 100% of the total price will be charged

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

There is a \$35.00 return check fee

CLIENT SIGNATURE: _____ DATE: _____