

Client Intake Information

Name _____ occupation _____ DOB / /

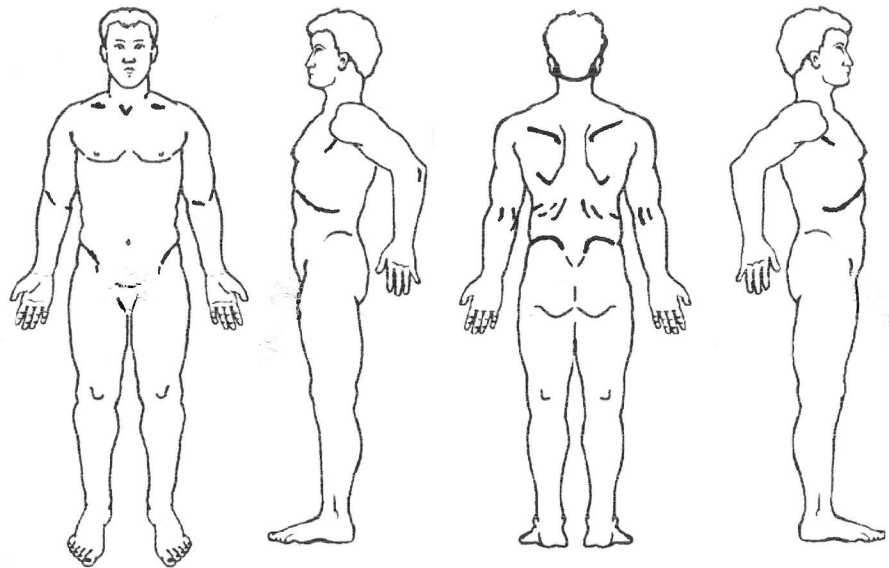
Phone # _____ Email _____

preferred method of communication: phone, text, email (for confirmation of appointments, etc.)

1. Have you received massage and bodywork before? If yes, how long ago?
2. What is your main reason for coming in ?
3. Other concerns or goals for the session?
4. Please list any injuries/accidents in the past 3 years, as well as any past surgeries, spinal fusions, joint replacements or pacemaker:
5. Please list any conditions for which you are currently seeing a physician/practitioner or receiving medication for:
6. Any other current health concerns that I should know?(Examples: high/low blood pressure, nut or essential oil allergies/sensitivities, arthritis, bursitis, history of blood clots.)
7. Are you pregnant? If yes, how far along are you?
8. Are you experiencing pain? If yes, rate the pain from 1-10 (10 being the worst)
Is it constant, intermittent, or occasional? Getting progressively better or worse?

Please shade in your areas of pain on the figures below and circle any other areas of concern.

Comments:



9. I have provided correct information to the best of my knowledge. I understand that massage and bodywork therapy is not a substitute for medical diagnosis and treatment and freely give my consent to receive therapy. Signature _____ Date _____