CLIENT INTAKE FORM

Name _____ Date of Birth_____19_____

Address_____ City_____ State____ Zip_____

Phones_____ Email_____

Emergency Contact w. phone_____

Occupation_____ How Long_____

Primary Care Provider_____ Referred by_____

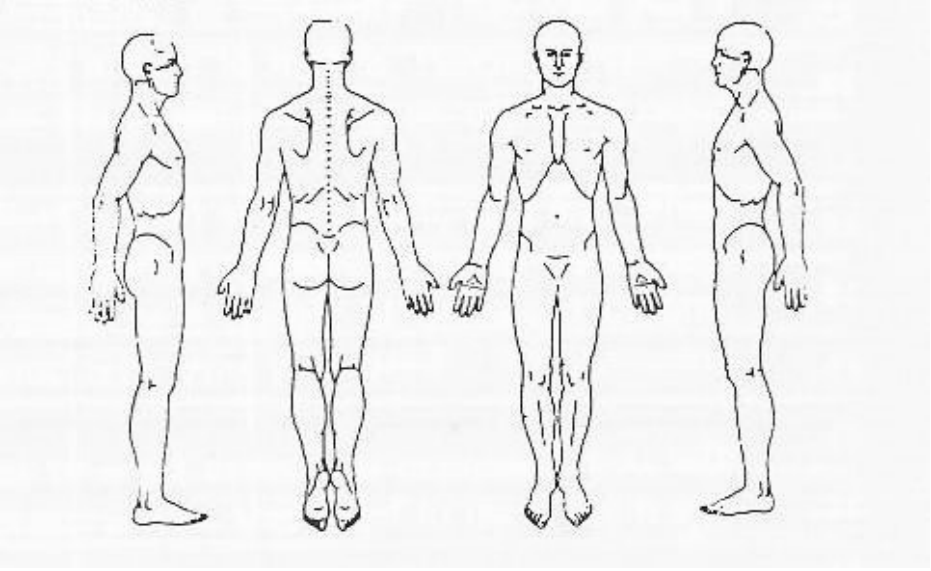
Injury/ condition due to accident?____ If yes, job related? _____ Auto? ____ Other_____

Date of injury or onset of condition_____ Today's Date _____

Check any or all that apply to your health: allergies _____

__anemia	__arthritis	__blood clots
__cancer/ tumors	__chronic pain	__fatigue
__depression/ stress disorder	__diabetes	__headaches
__heart conditions	__hemophilia	__high/low blood pressure
__infectious disease	__jaw pain/ teeth grinding	__muscle or joint pain
__numbness/ tingling	__pregnant_____weeks	__scoliosis
__sinus problems	__skin problems	__sleep difficulties
__sprains/ strains	__tendonitis	__thrombosis
__varicose veins	__vision problems	L / R handed

Please indicate location of any pain or areas of limited Range of Motion below:



Main activity at work_____

List regular physical activities_____ How Long_____

Regular stress reduction activities/ techniques_____

List movements/ activities that are limited by your condition_____

Any recent injury or accident_____

List previous injuries or surgeries_____

Have you received massage before?_____ When?_____ How often_____

If more than 3 times with same therapist, please list name_____

List all medications, herbs, supplements that thin your blood or block pain_____
_____

Other treatments receiving/ by whom (acupuncture, physical therapy, chiropractic, naturopathic, other)_____

What seems to aggravate the condition and why?_____

What seems to help the most and why?_____

Therapy goals for today_____

Client agreement:

I have read both pages and answered to the best of my knowledge. I understand the benefits and risks of massage and bodywork and give my informed consent for massage and bodywork. I will inform my practitioner of any pain, questions or concerns immediately. I have stated all medical conditions of which I am aware and will keep practitioner informed of any changes. I understand that massage is for general wellness and relaxation only and will see a doctor/ health provider for any diagnosis or treatment of any suspected health concern. In the spirit of these understandings, I agree to indemnify practitioner from any problem which may arise as a result of bodywork sessions. I agree to be responsible at end of session for all charges for all services provided. I agree to provide 2 hour notice for cancellation; if I fail to notify within 2 hours I agree to pay ½ the full session fee.

Signature_____ Date _____

Practitioner Comments_____ sc
_____
_____
_____
_____
_____ sc