Client Intake Form

Name: _____ Phone: _____ Date of Birth: _____

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

Email: _____ Referred by: _____

Occupation: _____ Age: _____ M: _____ F: _____

Please take a moment to carefully read the following information and sign where indicated. If you answer "YES" to any of the questions, please explain as clearly as possible. You may use the back of this form if necessary.

____Y ____ N Do you have osteoporosis?
____Y ____ N Do you have tension or soreness in a specific area?
____Y ____ N Do you suffer from epilepsy or seizures?
____Y ____ N Do you have any contagious disease?
____Y ____ N Do you suffer from joint swelling?
____Y ____ N Do you bruise easily?
____Y ____ N Do you have allergies?
____Y ____ N Do you suffer from back or neck pain?
____Y ____ N Are you wearing contact lenses?
____Y ____ N Do you have numbness or stabbing pains anywhere?
____Y ____ N Are you pregnant?

____Y ____ N Do you have difficulty lying on your – front, back or side?
____Y ____ N Do you have high blood pressure?
____Y ____ N Are you taking any medications?
____Y ____ N Have you had any broken bones?
____Y ____ N Do you suffer from arthritis? Where?
____Y ____ N Have you had any severe injuries in the past? When and what type?
____Y ____ N Do you have varicose veins?
____Y ____ N Do you frequently suffer from headaches?
____Y ____ N Do you have any other medical condition I should know about?

Comments: _____

_____

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_____

"Massage and bodywork therapy practices are designed to promote and maintain the health and well-being of the client. Massage and bodywork therapies do not include the diagnosis of illness, disease, impairment or disability. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and or techniques may be adjusted to my level of comfort. Because massage and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the therapist of all my known medical conditions and will keep the therapist updated as to any changes in my medical condition."

Client Signature: _____ Date _____

Consent to treatment of Minor: By my signature below, I authorize Erin Long to administer bodywork to my child or dependent as she deems necessary.

Signature of Parent/Guardian: _____ Date: _____