



New Client Intake

Welcome! I look forward to working with you!

Please complete the following information to help me learn about you and your health

Name _____

Address _____

Email _____

Phone _____

Date of birth _____

Occupation _____

What is the primary reason for your visit today?

How often do you receive bodywork, and which modalities? _____

Please describe any current or chronic pain, injuries, or trauma to your body/mind, or any other relevant diagnosis from a medical practitioner (i.e. whiplash 12/09, cancer 4/12, etc.):

How would you rate your energy level (1-10, 10=highest)? _____

How would you rate your sleep (1-10, 10=excellent)? _____

How would you rate your level of stress (1-10, 10=highest)? _____

What are the primary causes of your stress? _____

Medical History (please circle all that apply):

<u>Endocrine</u> Diabetes Hypothyroidism Hyperthyroidism Low blood sugar	<u>Kidney/Bladder</u> Kidney stones Renal failure UTIs Incontinence Frequent urination Impotence	<u>Nervous</u> Anxiety/depression Nerves feel “fried” “Buzzing” sensation Reduced sensation Headaches Multiple sclerosis Sleep disorders Seizures Stroke	<u>Respiratory</u> Asthma Chronic cough Difficulty breathing Emphysema Sinusitis
<u>Reproductive</u> Breast cancer Endometriosis Ovarian cysts Prostate cancer PMS Hysterectomy Irregular menstruation Menopause (started): _____ Pregnant (due date): _____	<u>Lymph/Immune</u> Leukemia/lymphoma HIV/AIDS Chronic fatigue Lupus Edema Hashimoto’s Lack of energy Allergies: _____ Other autoimmune disorder: _____	<u>Musculoskeletal</u> Fibromyalgia Rheumatoid arthritis Osteoarthritis TMJ Strains or sprains Tendonitis Carpal tunnel Plantar fasciitis Whiplash Other: _____	<u>Digestive</u> GERD reflux Ulcers Crohn’s disease Ulcerative colitis IBS Gallstones Cirrhosis Hepatitis Constipation Diarrhea Headaches
<u>Circulatory</u> Anemia Clotting disorders Deep vein thrombosis Heart disease Heart palpitations High blood pressure Varicose veins	<u>Skin</u> Boils Fungal infections Herpes simplex Warts Eczema Psoriasis Skin cancer	<u>Other</u>	

Please list any medications and the dosage: _____

Please list any supplements and the dosage: _____

Do you exercise regularly? Yes No

If yes, what type of exercise and how often? _____

Please circle where you have current or chronic pain below:



Describe in more detail if needed: _____

Please read the following statements, then sign at the bottom of the page:

I have read and fully understand this form in its entirety. If, at any time, there are changes to the information given, or in my health condition, I will notify my practitioner, and update this form before receiving additional bodywork.

The bodywork session given here is for the sole purpose of stress reduction, relief from muscle tension, and to increase circulation and energy flow. It is not a substitute for medical treatment by your physician.

It is the client’s responsibility to discuss any physical conditions (acute or chronic) with their practitioner so she may accurately devise the correct treatment plan for you.

If I am unable to keep an appointment, I understand that 24-hour notice is required for cancellation. If I am unable to give 24-hour notice, I will be charged for the time reserved.

Client signature/date

Practitioner signature/date