Confidential Health Intake Form

Name _____ Contact Phone #:_____

Address _____

Emergency contact name and number _____

Email: _____Birth date:_____ Today's Date:_____

How did you hear about us?_____

General Questions:

How are you feeling today? (emotionally/ physically?)

_____

Have you ever received a professional massage before? _____ If so, how long ago?

_____

What result would you like from your treatment today?

_____

What level of pressure do you prefer? ____ Light ____ Medium ____Deep Any

areas you would like special attention?

Any areas you would like massage avoided?

_____

Are you allergic or sensitive to any creams or oils?

_____

Occupational Questions:

What is your main activity at work? Phone_____ Sitting_____Computer_____ Labor_____Driving_____

What seems to aggravate the condition? _____

What seems to help the condition? _____

What physical activities you participate in regularly? _____

Medical History

Are you currently under the care of a physician? ____ If so, why? -

_____

Please list current medications:

_____

List previous auto injuries/surgeries:

_____

Have you ever been diagnosed with cancer? _____I so, what type and when?

_____

Have you ever had a sports injury? _____ If so what type & when?
_____

What movements or activities are limited and where?
_____

What other treatments are you receiving and by whom:
_____

Check any or all that apply to your present health:

___ headaches	___ chronic pain	___ varicose veins
___ inflammation	___ muscle or joint pain	___ blood clots
___ carpal tunnel	___ numbness/tingling	___ high/low blood pressure
___ jaw pain/teeth grinding	___ sprains/strains	___ diabetes
___ athletes foot	___ stent/shunt	___ multiple sclerosis
___ plantar warts	___ scoliosis	___ cancer/tumors
___ depression/anxiety	___ arthritis	___ infectious disease
___ sleep difficulties	___ tendonitis	___ contagious skin disorders
___ fibromyalgia	___ herniated disk	___ open wounds

Please take a moment to carefully read the following information and sign where indicated

I understand that the massage/bodywork I receive at Body n Soul Massage is provided for basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session I will immediately inform the practitioner so that the pressure and or/ strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for an examination, diagnosis, or treatment of disease/injuries. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that there should be no liability on the practitioner's part should I forget to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in termination of the session, and I will be responsible for payment of the scheduled session. I agree and adhere to Body n Soul's cancelation policy and will be responsible for charges if I fail to provide 24 hour notice if I cancel or change my appointment.

Client signature:_____ Date:_____