

BODY WORK INTAKE

Name: _____
 Street: _____ City, State _____ Zip: _____
 Home Phone: _____ Cell Phone: _____
 Fax Number: _____ E-Mail Address: _____
 Date of Birth: _____ Occupation: _____ Age: _____
 By whom were you referred? _____

What is your reason(s) for this visit? _____

When did you first notice symptoms? _____

What improves the condition? _____

What worsens the condition? _____

Previous bodywork experience: Never Occasional Often

Have you had surgery or been hospitalized in the past 3 years? _____

Have you been involved in an accident or sustained injuries in the last 3 years? _____

Do you have any chronic conditions that you deal with on a regular basis? _____

Are you taking any medications or herbs? Please list. _____

Are you currently seeing a doctor for any reason? Please explain. _____

Do you have any skin rashes or other skin problems currently? _____

Are you pregnant? _____

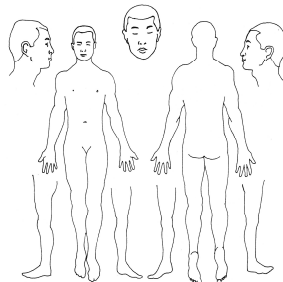
Do you have any allergies? _____

ADDITIONAL INFORMATION FOR REFLEXOLOGY CLIENTS ONLY*:

*Do you have any pain conditions that are specific to the feet? _____

*Do you have osteoporosis or have had surgery on the feet? _____

PLEASE MARK PAINFUL OR DISTRESSED AREAS



If you have a specific medical condition or specific symptoms, massage work may be contraindicated. I understand that massage therapists do not diagnose disease, prescribe medicine or manipulate bones. I further understand that massage is not a substitute for medical care. I take responsibility for alerting my practitioner to any changes that occur with my health. I also understand that cancelled or missed appointments without 24 hours notice (medical emergencies excluded) may be charged in full for the price of missed session.

Signed: _____

Date: _____