Client Intake Form

Name ___________________________________ Date of Birth _________________________

Address ____

City _______________________________________ State ________ Zip ____________

Email ______________________________________ Phone ______________________

Occupation ____________________________________

Emergency Contact Name and Number ____

Who referred you ____

Have you ever received Massage Therapy? Yes _____ No _____

Have you ever received Energy Work? Yes _____ No _____ List any exercise activities you are doing:

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Please list any allergies, such as medications, foods, reactions to skin care products, essential oils, etc.:

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Are you currently taking any medications? Yes _____ No _____

If yes, please list names & reason or treatment ____

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Are you currently under the care of a healthcare practitioner? Yes _____ No _____ If yes, please specify:

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Please check those conditions that apply to you, either currently or in the past:

Arthritis	☐	Tendonitis	☐	Diabetes	☐	Heart Condition	☐
Blood Clots	☐	Stroke	☐	High Blood Pressure	☐	Low Blood Pressure	☐
Broken Bones	☐	Dislocated Bones	☐	Chronic Pain	☐	Surgeries	☐
Migraines, Headaches	☐	Digestive Issues	☐	Muscle Strain/Sprain	☐	Herpes	☐
Hepatitis	☐	Covid 19	☐	Skin Conditions	☐	Spinal Problems	☐
TMJ Disorder	☐	Cancer	☐	Pregnancy	☐	Seizures	☐
Varicose Veins	☐	Chemical Dependency	☐	Depression	☐	Anxiety	☐
Psychological Disorder	☐	Sciatica	☐	Pinched Nerve	☐	Numbness	☐
Tingling	☐	Auto-Immune	☐	Respiratory Issues	☐	Chronic Fatigue	☐

List any other conditions or health concerns

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What are your goals for your session

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I have completed this form truthfully and to the best of my knowledge and agree to inform my practitioner of any changes in my health. I understand that my practitioner cannot diagnose, treat, or prescribe for any medical, physical or emotional disorder. It is my responsibility to consult a qualified physician for any physical, mental and emotional ailments that I have.

I understand there is a 24 hour cancellation policy and canceling with less than 24 hours notice will result in a charge of 50% of the full session fee, due promptly.

If I "no-show" I understand there will be a charge of 100% of the full session fee, due promptly, and a prepayment will be required for future sessions.

If I arrive late for my appointment, I understand my session may be shortened as a result, and full payment for the session will still be due.

Signature:______________________________ **Date:**______________