

# Confidential Client Intake (Massage & Bodywork)

## **General Information**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Gender Pronouns: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (circle one - home/work/mobile) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about Soul Alchemy? \_\_\_\_\_

Would you like to receive emails about special offers? Y N

Would you like to receive emails about workshops, classes, or retreats? Y N

## **Emergency Information**

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician/Clinic/Preferred Hospital: \_\_\_\_\_

Phone or Location: \_\_\_\_\_

## **Lifestyle Information**

Occupation: \_\_\_\_\_

Type of Activity: (ie computer work, physical labor, repetitive motion, etc) \_\_\_\_\_

Do you exercise regularly? Y N

What type(s)? \_\_\_\_\_ How often? \_\_\_\_\_

**Massage/Bodywork History**

Have you ever had professional massage or bodywork before? Y N

What type(s)? \_\_\_\_\_

Was it a positive experience? Y N

Please explain: \_\_\_\_\_

Do you receive massage/bodywork regularly? Y N      How Often? \_\_\_\_\_

What type of massage/bodywork? \_\_\_\_\_

Primary reason for today's visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Health Information**

Are you pregnant? Y N

Do you have any allergies? Y N To what? \_\_\_\_\_

How do you react? \_\_\_\_\_

Are you allergic to nut oils? Y N

Do you have sensitivities to any skin creams, lotions, or oils? Y N

Are you currently taking any medications? Y N (please list)

Type \_\_\_\_\_ Effect/Purpose \_\_\_\_\_

Type \_\_\_\_\_ Effect/Purpose \_\_\_\_\_

Type \_\_\_\_\_ Effect/Purpose \_\_\_\_\_

Have you ever had surgery? Y N

How long ago? \_\_\_\_\_ What kind? \_\_\_\_\_

Do you have any recent injuries? Y N Describe \_\_\_\_\_

Are you currently experiencing pain? Y N

Where? \_\_\_\_\_ Pain Scale: 0 1 2 3 4 5 6 7 8 9 10  
normal low moderate intense severe

Do you experience chronic pain? Y N

Where? \_\_\_\_\_ Pain Scale: 0 1 2 3 4 5 6 7 8 9 10  
normal low moderate intense severe

Do you have any movement/range of motion restrictions? Y N Where? \_\_\_\_\_

Do you have any areas of sensitivity or trauma? Y N Where? \_\_\_\_\_

**Please circle current conditions. Underline past conditions.**

- |                      |                          |                            |
|----------------------|--------------------------|----------------------------|
| headaches, migraines | numbness or tingling     | spinal column disorders    |
| chronic pain         | sleep difficulties       | blood clots                |
| fatigue              | sinus problems           | constipation               |
| vision impairment    | sprains, strains         | diarrhea                   |
| contacts             | allergies, sensitivities | diabetes                   |
| muscle pain          | dental bridges, braces   | varicose veins             |
| joint pain           | arthritis, tendonitis    | hernia                     |
| tension              | skin conditions          | high blood pressure        |
| stress, anxiety      | jaw pain, TMJ            | low blood pressure         |
| hearing impairment   | cancer                   | IUD                        |
| muscle injuries      | tumors                   | heart/circulatory problems |
| bone injuries        | infectious diseases      | digestive problems         |
| depression           | asthma, lung conditions  | other _____                |

**Informed Consent**

I understand that massage and bodywork therapy is for the purpose of stress reduction, relief from muscular tension or spasm, and for increasing circulation and energy flow within the body and tissues. I understand the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. I understand that massage and bodywork therapy is not a substitute for medical care. I have disclosed on this confidential intake any medical conditions known to me.

\_\_\_\_\_  
Client Signature Date

\_\_\_\_\_  
Parent or Guardian Signature (if client if under 18 years of age) Date