



Holistic Lakewood Client Intake Form

Name _____ Phone (_____) _____ - _____ Birthdate _____

Address _____ City _____ State _____ ZIP _____

E-Mail Address _____ Gender _____ Pronouns _____

Occupation _____ Referred By _____

In Case of Emergency _____ Emergency Contact Phone (_____) _____ - _____

Please take a moment to carefully read the following information and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

Have you ever had a professional massage or bodywork session? Yes No If Yes, how recently? _____

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? Light Medium Firm

If you answer "yes" to any of the following questions, please explain in the Comments Section below.

Do you frequently suffer from stress? Yes No

Do you have diabetes? Yes No

Do you have frequent headaches? Yes No

Are you pregnant? Yes No

If yes, how many weeks? _____

Do you suffer from arthritis? Yes No

Do you have high blood pressure? Yes No

If yes, is it controlled by medication? Yes No

Do you have epilepsy or seizures? Yes No

Do you suffer from joint swelling? Yes No

Do you have varicose veins? Yes No

Do you have any contagious diseases? Yes No

Do you have osteoporosis? Yes No

Do you have any allergies? Yes No

Do you bruise easily? Yes No

Any broken bones in the past 2 years? Yes No

Any injuries in the past 2 years? Yes No

Do you have tension/soreness in a specific area?

Yes No

If yes, please specify _____

Do you have cardiac/circulatory problems? Yes No

Do you suffer from back pain? Yes No

Do you have numbness or stabbing pains? Yes No

Are you sensitive to touch/pressure in any area?

Yes No

Have you ever had surgery? Yes No

If yes, explain in Comments section.

Do you have any other medical conditions, or are you taking any medications we should know about?

Yes No If yes, explain in Comments section.

Comments: _____

I understand that the massage/bodywork I receive is provided for the 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 or bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/bodywork practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, 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 shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Client Signature _____ **Date** _____

Consent to Treatment of Minor: By my signature below, I hereby authorize _____ to administer massage, bodywork, or somatic therapy techniques to my child or dependent as they deem necessary.

Signature of Parent or Guardian _____ **Date** _____