



**Your Body In Balance**

**CLIENT INTAKE FORM  
MASSAGE**

*I want to extend a "Welcome" to you. We will make every effort to provide you with the best service possible.*

**PLEASE FILL OUT THE FOLLOWING QUESTIONS. WHEN A QUESTION IS ASKED ISN'T APPLICABLE, JUST LEAVE IT BLANK.**

**Name** \_\_\_\_\_ **Age** \_\_\_\_ **Birth Date** \_\_\_\_\_ **Marital Status** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone (home)** \_\_\_\_\_ **(Work/cell)** \_\_\_\_\_ **Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

If needed to contact you concerning your appointment, is it appropriate to call the above numbers?  
YES \_\_\_ NO \_\_\_ If No, please list number to reach you \_\_\_\_\_

**Describe any chronic pain/tension. For how long?**

**Is your pain/tension worse in the morning or evening?**

**Does your work or any other activity increase your pain/tension?**

**Current Medical Issues and Treatments:**

**Past Medical Issues and Treatments:**

Are you currently under the care of a physician? \_\_\_\_\_

If yes, what are you being treated for? \_\_\_\_\_

Are you currently under the care of a chiropractor? \_\_\_\_\_

If yes, what are you being treated for? \_\_\_\_\_

Are you currently under the care of an alternative medicine practitioner? \_\_\_\_\_

If yes, what are you being treated for? \_\_\_\_\_

Please list any medications, vitamins and supplements you are currently taking: \_\_\_\_\_

Are you currently receiving any other body or energy therapies? \_\_\_\_\_

If yes, what for? \_\_\_\_\_

Please check any of the following that apply to you (in the past or currently):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Heart Problems        | <input type="checkbox"/> Arthritis            | <input type="checkbox"/> Back problems            |
| <input type="checkbox"/> High blood pressure   | <input type="checkbox"/> Osteoarthritis       | <input type="checkbox"/> Spinal problems          |
| <input type="checkbox"/> Blood Clots           | <input type="checkbox"/> Wear contacts lenses | <input type="checkbox"/> Disc problems            |
| <input type="checkbox"/> Varicose veins        | <input type="checkbox"/> Pregnant             | <input type="checkbox"/> Joint problems           |
| <input type="checkbox"/> Pacemaker             | <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Accidents or Injuries    |
| <input type="checkbox"/> Neurological problems | <input type="checkbox"/> Surgery              | <input type="checkbox"/> Major illness or disease |
| <input type="checkbox"/> Headaches             | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Recent breaks/sprains    |

How frequently and for how long do you exercise and what do you do? Include sports, yoga, gardening, and other physical activities:

**Consent for Massage and Thai Bodywork Treatment**

I understand that the purpose of Massage and Thai Bodywork is for therapeutic bodywork or relaxation and that it is not meant to diagnose or treat any illness, disease or any other physical or mental disorder, injury or condition. I have informed my Massage/Thai bodywork practitioner about my state of health and any recommendations and restrictions on the part of my medical doctor or therapist insofar as massage or bodywork is concerned.

**CANCELLATION POLICY**

- You may cancel your appointment without charge any time 24 hours before your appointment
- If you do not call or show for your scheduled appointment, you will be charged full price for the scheduled service.

**Client Signature**

**X**

**Date**