

A4TS CLIENT INTAKE FORM

Name: _____ DOB: _____

Address: _____ City: _____ Zip Code: _____

Phone #: _____ Type: Cell Home Work Are Text OK: Y N

Email Address: _____ Occupation: _____

Emergency Contact Name & #: _____ Referred By/How You Heard Of Me: _____

Y N Have you ever had a professional bodywork/massage session? Y N Any type of Ashiatsu? Y N LaStone or any type of Hot/Cold Stone Therapy?

Y N Are you taking Px Meds: Coumadin, Lovenox, Heparin or Heavy Aspirin? Other Medications? _____

Y N Do you have spinal/back conditions? Y N Do you have any cardiac or circulatory conditions? If Yes, Please Describe _____

Y N Do you have any stabbing pains or numbness anywhere? If Yes, Please Describe _____

Y N Have you been constantly sitting for a long periods of time?

Y N Do you have any skin conditions, skin allergies or sensitivities? If Yes, Please Describe _____

Y N Do you have any varicose veins, spider veins, blood clots or fresh bruises? If Yes, Please Describe Location (s) _____

Y N Have you had any eye procedures/Lasik within the last 72 hours?

Y N Do you have diabetes? If Yes, What Type? _____ Your Last Meal/Time & Insulin Reading? _____

Y N Do you have High/Low Blood Pressure? Y N Are you Medicated?

Y N ****Woman Only**** Are you pregnant or trying? If pregnant, how many months? _____

Y N ****Woman Only**** Are you menstruating? Y N Do you have breast implants?

Y N Have you ever had surgery? If Yes, Please Describe _____

Y N Have you ever had any broken bones or fractures? If Yes, Please Describe _____

Y N Do you have any restrictions in movement? If Yes, Please Describe _____

Y N Do you have any medical conditions or recent injuries not mentioned above? If Yes, Please Describe _____

There are some reasons that bodywork therapies may not be appropriate. A referral from a primary care giver may be required before any services begin.

Massage Therapist do NOT diagnose disease or illness, prescribe any treatment or drugs, provide spinal manipulations or provide sexual services.

Sexually suggestive advances result in immediate termination of the session & full costs of the services that were to be rendered are to be paid upon exit.

I understand/agree to the above, consent to services & hereby waive/release my Massage Therapist from any and all liability today & at all future sessions.

Signature: _____ Date: _____