



Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-mail : \_\_\_\_\_ Referred by? \_\_\_\_\_

Current Health and Fitness

1. Please describe your previous experience with massage or bodywork.
  
2. Are you currently under the care of a medical practitioner? If yes, please explain.
  
3. Please list current medications and supplements and their purpose.
  
4. Please describe your experience with alternative diets and nutritional counseling.
  
5. Are you currently attending support groups or involved in personal growth work?
  
6. Any recent surgery, ailments or hospitalizations (past 3 years)?
  
7. Are you going through any major transitions currently?
  
8. What kinds of regular physical activities are you involved with? Hours per day\_\_\_\_ Per week\_\_\_\_
  
9. Sleep: Average hours per night\_\_\_\_\_ On rising: \_\_Refreshed \_\_Tired  
Other details about sleep habits?
  
10. On Average how much water do you drink per day? And do you feel this amount is enough for you?

**Please describe and list in chronological order (1 through ?) all injuries, accidents, and surgeries you've experienced that you want us to know about at this time:**

Cervical spine and head

Thoracic spine (upper/mid back)

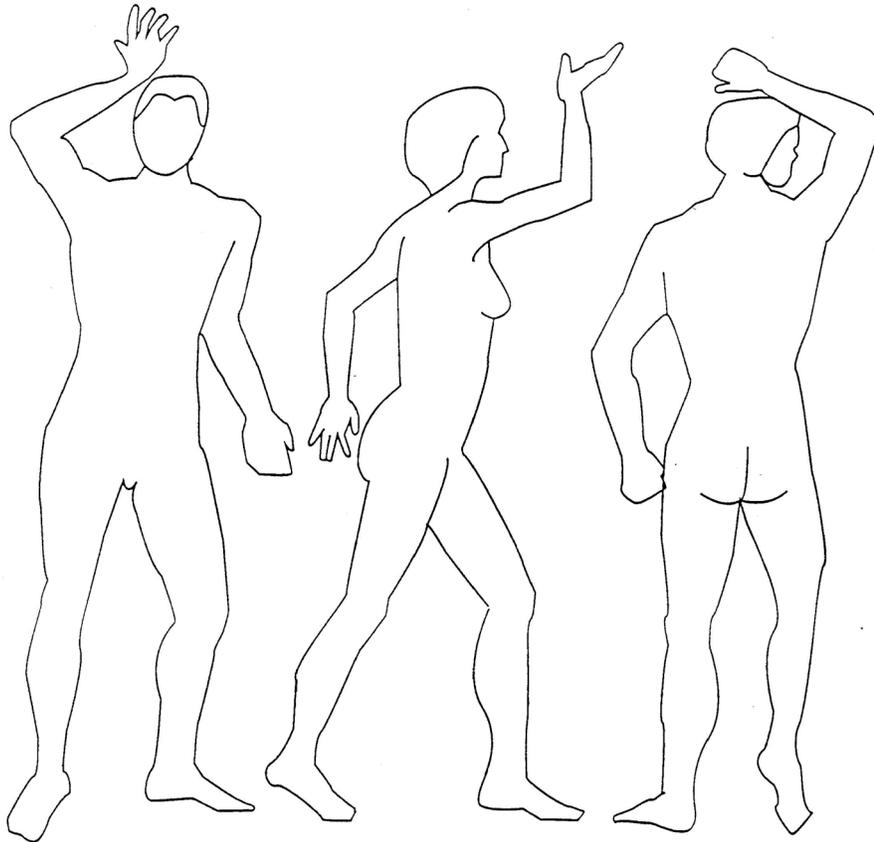
Lumbar spine (lower back)

Sacrum and hips (sciatica)

Joints (elbows, shoulders, ankles, knees etc. – sprains, bursitis, swelling)

Extremities (legs, arms – breaks, carpal tunnel)

Please identify areas in your body experiencing difficulties by drawing on the diagrams below:



Please list areas of your body that you would prefer did not receive therapeutic touch at this time, if any. Please check as appropriate and provide details as necessary. Any information you wish to provide is helpful. All information is confidential.

- Y N
- Arthritis.  Rheumatoid  Osteo
  - Cancer. Please Explain.
  - Tuberculosis
  - Kidney disease
  - Liver disease
  - Lung disease
  - Neurological problems or diseases
  - Digestive upsets
  - Heart disease
  - High blood pressure
  - varicose veins or phlebitis
  - Hernia or rupture
  - Chest pain. Please Describe.
  - Abdominal pain. Please Describe.
  - TMJ (Jaw pain)
  - Allergies. Explain.
  - Caffeine. Cups per day (ave) \_\_\_\_\_
  - Nicotine. Quantity per day \_\_\_\_\_
  - Fatigue. Time of day \_\_\_\_\_

- Y N
- diabetes
  - Epilepsy
  - Headaches
  - Frequent colds or flu
  - Frequent sore throat
  - Sinusitis
  - Nasal congestion
  - Ear trouble
  - Eye trouble
  - Constipation
  - Painful feet
  - Depression
  - Anxiety
  - Often tense or stressed?
  - Easily excited or upset?
  - Can you relax easily?
  - PMS
  - Pregnant
  - Contact lenses

Do you currently have any infectious conditions, skin conditions or diseases? Please explain.

Is there anything related to your health that you are concerned about?

Massage can be highly beneficial simply as a way to relax. There are also other longer-term benefits and changes that are achieved through our various kinds of work. You may want to simply receive, or you may be interested in deeper levels of discovery, healing and growth.

At BodyAlive! we attend to the health and healing of our clients as wholistically as possible. We will sometimes suggest “home-play” exercises, inquire into aspects of life that may be affecting the issues you have come in with, and offer other suggestions to support the creation of the results YOU desire. The extent to which you want suggestions and feedback is the extent to which we will try and share it with you. Please let us know so that we may honor your intentions.

What results are you seeking from body therapies at this time?

Is there anything else you wish to add or ask?

Medical and Insurance Information (if applicable)

Insurance Carrier: \_\_\_\_\_ Policy# \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_ Claim # \_\_\_\_\_

Adjuster's Name (If applicable) \_\_\_\_\_ Phone \_\_\_\_\_

Primary Care Provider: \_\_\_\_\_ Ph# \_\_\_\_\_

Referring Provider: (if different) \_\_\_\_\_

Referred for: (include Diagnosis Code) \_\_\_\_\_

Referring providers often appreciate receiving our progress reports. Do we have permission to send reports and consult with your referring or primary provider?

\_\_\_ No \_\_\_ Yes \_\_\_ (please initial if yes)

Incase of emergency, please notify:  
Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship \_\_\_\_\_

Massage Therapy Informed Consent

I \_\_\_\_\_, (client) understand that massage therapy provided by \_\_\_\_\_, ( practitioner) is intended to enhance relaxation, reduce pain caused by muscular tension, increase range of motion, improve circulation and offer a positive experience of touch. Any other purposes for the session(s) are specified below:

\_\_\_\_\_  
\_\_\_\_\_

The general benefits of massage, possible massage contraindications and the treatment procedure have been explained to me. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I work concurrently with my Primary Caregiver for any condition I may have. I am aware that the massage practitioner does not diagnose illness or disease and does not prescribe medications.

I have received a copy of BodyAlive! policies; I understand them and agree to abide by them.

I have stated all my known physical conditions, medical conditions and medications that I am aware of and this information is true and accurate.

I will keep my bodywork practitioner updated on any changes in my status.

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

## **Policies and Procedures for *BodyAlive!***

### **Our expectations of Clients:**

- Please be well hydrated and clean, having showered the same day as the treatment.
- Please do not eat a heavy meal less than two hours prior to the treatment.
- Please arrive on time. We will not always be able to offer you the full session time if you arrive late. If we can offer this to you, it will be at an agreed upon fee.
- Be present (not under the influence of alcohol or drugs).
- Clients provide health history and updates as needed when necessary.
- Except for emergencies, a 24-hour notice of cancellation is requested to avoid being responsible for session fee, unless it can be filled with another client.
- Payment of fee for session or discounted packages is expected at the time service unless billing arrangements have been made
- Sexual harassment is not tolerated. If the practitioner's safety feels compromised, the session is stopped immediately.
- Client is 100% responsible for session fees that are billed to a third party if third party for any reason whatsoever will not pay the fee.

### **What clients can expect from *BodyAlive!* practitioners:**

- Clients will receive competent and professional sessions each time they come.
- Treatments will be customized to meet the client's needs.
- Practitioners will provide services for which they are qualified and able to do (physically and emotionally). Any clients with needs that arise beyond the scope of practice will be referred to an appropriate specialist.
- Privacy and confidentiality are maintained at all times.
- Practitioners will stay current with information and techniques by reading, receiving regular sessions of their same service and taking at least one workshop per year.
- All equipment and supplies are clean and safe.
- Personal and professional boundaries are respected at all times.
- Accurate records are kept and charts/treatment plans are reviewed before each session.
- Clients are welcomed and respected regardless of their age, race, national origin, sexual orientation, religion, socio-economic status, body-type, political affiliation, state of health or personal habits.
- If a client is dissatisfied with a treatment, and no other arrangement can be agreed upon, a 50 percent refund of the treatment is honored.
- If a practitioner needs to cancel an appointment, they will do so within 24 hours whenever possible. If an emergency arises and an appointment cannot be kept, a 20 percent discount will be provided for the client's next session.
- Clients may return for refund any unused products (in saleable condition) within 10 days of purchase.