

BODY PEACE CLIENT INTAKE FORM for BODYWORK/MASSAGE

Name _____ D.O.B. _____

Address _____ City _____ St _____ Zip _____

Phone: cell _____ work _____ home _____

Email address _____ Referred by _____

Occupation _____ Employer _____

Height _____ ft/in Weight _____ lbs.

Emergency contact _____ Ph. _____ Relation _____

Have you ever received massage before? _____ When? _____ Type? _____

Please indicate areas of complaint by marking an "X" on the figures below.

Sensation: *pain *tingling *numbness

Level: *mild *moderate *severe

Status: *improving *worsening *no change

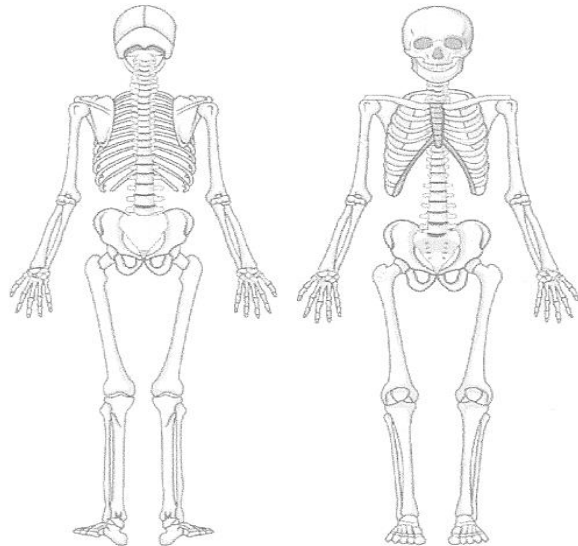
Frequency: *constant *intermittent

Does this affect your:

Sleep: Yes ___ No ___

Work: Yes ___ No ___

Daily activities: Yes ___ No ___



If "Yes", briefly explain. _____

Are you currently receiving medical/physical therapy treatment? Yes ___ No ___

Briefly explain: _____

Are you pregnant? _____ Due Date _____

Current medications- Prescription _____
Over counter _____

Health Information. Please indicate current/ past history conditions affecting the following systems of your body. Circle or give details of the condition.

current past Skin (contagious, wounds/burns, rashes, warts, infections) _____

current past Skeletal/joint (osteoporosis, arthritis, scoliosis, spinal/disc problems, fractures) _____

current past Circulatory (blood clots, stroke, heart problems, blood pressure, varicose veins, poor circulation) _____

current past Endocrine (diabetes, hyper/hypo-thyroid) _____

current past Respiratory (allergies, asthma, emphysema, bronchitis) _____

current past Digestive (abdominal pain, bowel dysfunction, gastric reflux) _____

current past Urinary (bladder problems, kidney dysfunction) _____

Major Illness/Surgeries/Accidents: Please provide any information that applies to you.

Date: _____ Illness/surgery/accident _____

Date: _____ Illness/surgery/accident _____

Date: _____ Illness/surgery/accident _____

Exercise/Fitness: Please identify any activities in your lifestyle.

Activity _____
Duration _____ Frequency _____xlweek

Activity _____
Duration _____ Frequency _____xlweek

Consent for Care:

I understand that massage therapy is for general relaxation, stress reduction, relief from muscular tension and improvement of circulation. I have stated all my known medical conditions and understand that it is my responsibility to keep my massage therapist informed of any changes in my health and of any medications I may take in the future. I also understand that massage is not a substitute for medical treatment and that I should see a doctor or other appropriate health care provider for diagnosis and treatment of any suspected medical problem.

Signature _____

Date _____