

Name: \_\_\_\_\_ Address \_\_\_\_\_  
Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Email: \_\_\_\_\_ (Contact Number): \_\_\_\_\_  
Occupation: \_\_\_\_\_ Exercise Type/Schedule? \_\_\_\_\_  
D.O.B \_\_\_\_\_  
Primary Concern: \_\_\_\_\_  
It hurts when I? \_\_\_\_\_  
When did it start? \_\_\_\_\_ How Frequent? \_\_\_\_\_  
Prior/Current Diagnosis/Treatment? \_\_\_\_\_  
Are you seeing a health care provider? Please describe: \_\_\_\_\_  
Level of Pain (1-10) \_\_\_\_\_ Stress (1-10) \_\_\_\_\_ Energy (1-10) \_\_\_\_\_

### COVID-19 Intake & Procedure(s):

- Have you been afflicted with COVID-19 or tested positive for the virus or the antibodies?  
Yes \_ No\_ (if yes, please explain)
- Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath?  
Yes \_ No\_ (if yes, please explain)
- \* Do you now, or have you recently had any chills, fever, muscle aches, new loss of taste or smell, or rash/lesions?  
Yes \_ No\_ (if yes, please explain)
- Have you been in contact with anyone in the last 14 days who has been diagnosed with COVID-19 or has Coronavirus-type symptoms? Yes \_ No\_ (if yes, please explain)
- Do you practice social distancing? Yes \_ No\_ (if yes, please explain)

It is required that you wear a face mask before entering the shop; your temperature will be taken; you will be asked to wash your hands. Touchless payment (if you prefer) can be accepted via Venmo or Zelle using my email address: julie@josbodyshopny.com.

### Your Therapist and Therapeutic Environment:

Your therapist will be taking every precaution to guarantee client/therapist safety. The environment is constantly cleaned and an air purifier and UV light is used to sterilize - before and after each session.

### General Information:

- Try not to eat a large meal for at least 2 hours prior to treatment.
- Please remove all jewelry, eye glasses, contact lenses. Secure long hair.
- Void your bladder.
- Undress to your level of comfort with or without underwear is completely up to you.
- Notify the therapist if you are uncomfortable in any way, temperature, pressure, pain.
- Feel free to ask questions before, during or after your therapeutic session.
- Relax and enjoy. You are in good hands.

Client Name (please print): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Guardian's Release for under 18 years old patients)