

Client Intake Form

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Usui Reiki and Pranic Energy Medicine
Practitioner of Sound Therapy
895 St. Francois room 2, Florissant, MO 63031
(314) 368-5743

Client _____
Referred by _____

Massage Therapy CPT Code 97124* Massage License # 2001032826

Name:	Text ok? Y / N	Cell Phone: ()
Address:	Alt Phone: ()	
Zip:	Occupation:	
Email:	Date of Birth: / /	
Areas of complaint, pain or tension :		
Therapist notes:		
Health history	Circle one	Explanation
Have you had professional massage before?	Y N	
Do you wear contacts or dentures?	Y N	
Do you have skin problems or allergies?	Y N	
Have you suffered a recent injury?	Y N	
Do you have Varicose veins or blood clots?	Y N	
Do you have Arthritis?	Y N	
Do you have any Heart Problems?	Y N	
Do you exercise or participate in a sport?	Y N	
Are you pregnant? What month?	Y N	
Do you have blood pressure problems?	Y N	
Do you take any prescription drugs or street drugs?	Y N	
If yes, for what conditions?		
Do you have any other medical conditions, or diagnosis past or present?		
	Y N	

I understand that massage and other natural therapies given here are for stress reduction, relief from muscular tension or spasm, or for increasing the circulation and energy flow. I understand that the massage therapist does not diagnose any physical or mental disorder. The therapist does not prescribe medical treatment or pharmaceuticals, nor perform any spinal manipulations.

These therapies are not a substitute for medical examinations and/or diagnosis and it is recommended that I see a physician for any physical ailment that I might have. With this in mind I agree to have massage therapy, aromatherapy, or energy therapy and hold the therapist harmless for any problem that might arise as a result of the session.

Signature _____ Date _____ / _____ / _____