

EVOLVE BODYWORKS CONFIDENTIAL CLIENT INTAKE

Name _____ Home Phone _____

Address _____ Business Phone _____

City, State & Zip _____ Cell Phone _____

Birth Date _____ Email address _____

What would you like to accomplish in today's session? _____

How is your health today? _____

Have you had any major surgeries or accidents that affect your health now? _____

Do you have any chronic conditions that affect your health? _____

Are you currently under a doctor's care? _____ Are you pregnant? _____ Trimester _____

Are you taking any medication including over-the-counter? _____

Do you have any skin conditions? _____

Do you have any allergies to oils, lotions, or ointments? _____

Have you ever had a massage? _____ If yes, date of last massage? _____

I understand that the massage therapy given here is for the purpose of stress reduction, relief from muscular tension or spasm, or for increasing circulation. I understand that the massage therapist does not diagnose illness, disease, or any other physical or mental disorder. The massage therapist prescribes neither medical treatment nor pharmaceuticals, nor performs any spinal manipulations. It has been made very clear to me that this massage therapy is not a substitute for medical examinations and/or diagnosis. However, since a massage therapist must be aware of existing physical condition, *I have stated all my known medical conditions, and will keep the massage therapist updated on my physical health.*

If I am unable to keep my scheduled appointment, I will abide by the set cancellation policies. A 24-hour cancellation notice is required for any scheduled appointments including gift certificate sessions. Late appointments may not receive the full session time, however, I understand I will be charged the full session price .

SIGNATURE _____ Today's Date _____

Please indicate with (X) areas of discomfort

