## <u>Absolute Bodyworks Client Intake Form</u>

Name	Dat	Date Of Birth		
Address	State	)	_ Zip Code	
Contact Phone #	E-mail			
Emergency Contact	Emergency Contact Phone #			

I understand that there is a 24 hour cancellation policy and that full charge for missed appointments is required \_\_\_\_\_. { Initial Above }

## **Check Any Of The Following Systems Or Conditions You May Have Issues With:**

Cardio Vascular	<b>Immune</b>	Allergies	Communicable Disease
Endocrine	Neurological	Arthritis	High Blood Pressure
Gastrointestinal	Diabetes	Psychological	Reproductive
Respiratory	Integumentary	Urinary	Headaches
Stress	Sleep Issues	Cancer	

If you have checked any of the areas above and would to expand on the details please do so below :

Please list the Musculoskeletal issues which you are seeking bodywork for and prioritize those areas :

Please list any significant injuries or surgeries below that you feel are significant:

Are you currently taking any medications ? \_\_\_\_\_ If yes please list in the space below :

Are you currently under medical care for any issues ? \_\_\_\_\_ If yes please list in the space below :

Is there Anything else that you feel is important for me to know concerning this session ?

## **Basic Session Policies**

~ I the undersigned understand that this is not a medical procedure.

~ I understand that the Licensed Massage Therapist may not officially diagnose any medical condition.

~ I understand that I am responsible for communicating clearly before, during, and after a session.

~ I understand that appointment times will not be extended for any reason on the day of session.

~ I the undersigned have provided accurate and truthful information concerning my health status.

 $\sim$  I understand that any violation of safety of the therapist or any individual in the space of practice will result in immediate

Termination of the professional relationship and/or the session itself.

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