

**Body & Soul Client Intake Form**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Birthday: \_\_\_\_\_

Your reason for coming here: \_\_\_\_\_

Are you currently experiencing pain?    Y    N

(If yes, please explain) \_\_\_\_\_

Have you ever had professional massage/bodywork?    Y    N

What type of massage/bodywork do you prefer?

Relaxation            Therapeutic            Both

What type of massage pressure do you prefer?

Soft                    Medium/Firm            Hard/Deep

Are you currently under the care of any healthcare professional?

Y    N    Explain \_\_\_\_\_

Any pre existing conditions? Y    N    Explain \_\_\_\_\_

Any recent surgeries? Y    N    Explain \_\_\_\_\_

Current medication use? Y    N    Explain \_\_\_\_\_

How did you hear about me? \_\_\_\_\_

I give consent to receive bodywork. I understand that bodywork is not a replacement for medical treatment.

Signature \_\_\_\_\_

Therapist Signature \_\_\_\_\_

\*\*Appointments are appreciated, though not always necessary. You will be charged the full fee of an appointment not canceled with a 24 hour notice or a no show. Likewise, if I cancel a session without a 24 hour notice, your next appointment will be at no charge.

I realize the unexpected does happen and will be taken into consideration for both the client and therapist.