

Health Intake Form

vigor + vim | therapeutic bodywork

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email : \_\_\_\_\_ Newsletter: Y / N

Occupation: \_\_\_\_\_ Current Feeling: 😞 😡 😞 😊 😴 😊 😊 😊 😊

Session Goals: \_\_\_\_\_ Prior Massage: Y / N

Referred by: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Describe your Well-Being (Good/Fair/Poor):

\_\_\_\_\_

Current Medications and/or Supplements:

\_\_\_\_\_

Regular Exercise? Y / N | If Yes, what / when:

\_\_\_\_\_

**Symptoms / Conditions:**

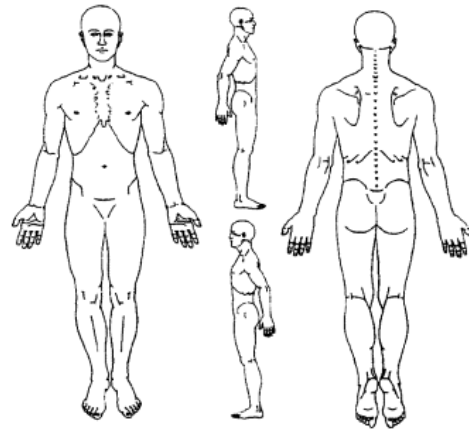
C—Current | P—Past | F—Family history

- Tension Headaches/Migraines
- Numbness/Tingling (Arms, Legs)
- Fatigue, Exhaustion, Depression
- High/Low Blood Pressure | Medication: Y / N
- Digestive Problems (IBS, Gas, Constipation)
- Diabetes / Hormonal Disorder
- Broken Bones, Repaired/Replaced Joints
- Osteo-or Rheumatoid Arthritis
- Cancer | Type: \_\_\_\_\_
- Autoimmune Disorders (Graves, AIDS, MS)
- Allergies, Sensitivities (Food, Oils, Creams)
- Sleep Difficulties (Insomnia)
- Anxiety, Panic Attacks, or Mood Disruptions
- Skin Conditions (Eczema, Acne, Rash)

Other Surgeries, Conditions and/or Clarifications:

\_\_\_\_\_

**Mark areas of discomfort, pain or concern:**



How do these symptoms affect you (work / play)?

\_\_\_\_\_

Other therapies / treatments currently receiving:

\_\_\_\_\_

Overall Stress Level: (low) 1—2—3—4—5 (high)

How do you want to feel? Move? Play?

\_\_\_\_\_

**Waiver of Liability**

I understand that the massage(s) I receive is(are) provided for the purpose of relaxation, stress reduction and the relief of muscular tension. If I experience pain or discomfort during the session(s), I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my comfort. I understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician or medical specialist for physical or mental ailments. I understand that massage therapists are not qualified to make spinal or skeletal adjustments, diagnose, prescribe or treat any physical or mental illness, and that nothing said in the course of the session should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my medical conditions and answered all questions honestly. I agree to update the therapist as to any changes in my medical profile and understand that there shall be no liability on the part of the therapist if I fail to do so. I understand that 24 hours notice is required for all cancellations and I will be liable for full payment of the session if I fail to comply with the cancellation policy.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_