

Intake Form for Massage Therapy, Integrative Bodywork and Bodymind Therapy

Name _____ Date of Birth _____

Address _____ City _____

State _____ Zip _____ E-Mail _____

Best Contact Phone _____ Work Phone _____

Occupation _____ Referred by _____

Have you ever received massage or other bodywork?? Y N Regularly?? Y N

Reasons for making this appointment (most important goal(s) or focus?

What treatments have you had to reach your goal(s) – anything else you have tried?

Are you currently under the care of the following health care professionals?

- () Medical Doctor, Name _____ Release Yes () No ()
() Chiropractor, Name _____ Release Yes () No ()
() Psychotherapist Name _____ Release Yes () No ()
() _____ Name _____ Release Yes () No ()

Please list any medications and their purpose (continue on back if necessary):

Medication _____ Purpose _____
Medication _____ Purpose _____

Have you had any surgery? Yes () No () – Please describe:

Do have any known allergies? _____

Emergency Contact: Name _____ Phone _____

Please check any of the following conditions that apply:

- | | | | | |
|---------------|-------------------------|-----------------------|----------------|--------------------|
| () Arthritis | () High Blood Pressure | () Stiff Neck / Pain | () Bursitis | () Edema |
| () Asthma | () Chronic Fatigue | () Sciatica | () AIDS / HIV | () Skin Rash |
| () Sinusitis | () Poor Circulation | () Pregnant | () Diabetes | () Constipation |
| () Stroke | () Varicose veins | () Abuse History | () Headaches | () Dizziness |
| () Back Pain | () Trauma History | () Cramps / PMS | () Cancer | () Mental Illness |

All information taken on this form is confidential.

In regards to the session I am about to receive and all future Body Perspectives sessions:

CLIENTS RIGHTS:

- I have the right to receive the amount of pressure that is appropriate for me.
- I have the right to be comfortable in regards to temperature, music, lighting, etc.
- I have the right to be draped a way that is comfortable and safe for me.
- I have the right to share about my internal experiences at my level of comfort.
- I have the right to be treated with respect and non-judgement physically, emotionally, cognitively, and spiritually.
- I have the right to safety and comfort in relationship to areas of my body touched, amount of clothing worn or removed, and draping techniques used.
- If the session includes the removal of any clothing, I have the right to privacy for dressing and undressing.

CLIENTS RESPONSIBILITIES

Every person brings their own history with them into a session. I agree to let my practitioner know if touch in any area is uncomfortable to the point where it needs to be modified or avoided completely for this session or all sessions. I will also inform the practitioner of changes in my mental or physical health so that the choice of modalities and touch used is appropriate and customized for my best interests.

I understand that the touch, or manner, or communication of the practitioner is never intended to be sexual in nature. At any time I feel the touch or manner or language of the practitioner is sexual in nature or inappropriate for me. I agree to immediately inform the practitioner so that the session can be stopped or changed. I understand that touch, in general, can be related to sexual response or sexual feelings or memories. Sexualized behavior, sexual advances, or sexual language by the client towards the practitioner are grounds for termination of the session.

The session(s) I will receive are not, in any way, intended as a diagnosis or treatment of medical or mental health. Furthermore, the session(s) in no way represent a substitute or replacement for appropriate medical health or mental health care.

Client's Signature _____ Date _____

Practitioner's Signature _____ Date _____

