

Great Bodywork !

Confidential Client Intake Form

Name: _____ Age _____ Phone: _____
Address: _____ City: _____ Zip: _____
Email: _____ Preferred method of contact? _____
Height: _____ Weight: _____ Birthday: _____ Occupation: _____
Hobbies: _____
Emergency Contact & relation: _____ Phone: _____

The following information is used to help plan safe & effective bodywork sessions. Please answer these questions to the best of your comfort and knowledge:

- 1) Have you previously experienced licensed massage? **Yes / No**
If yes, how often and how long since your last session? _____
- 2) Do you have any difficulty lying on your front, back, or side? **Yes / No**
If yes, please explain: _____
- 3) Do you have any allergies to oils, lotions, or ointments? **Yes / No**
If yes, please explain: _____
- 4) Do you have sensitive skin: **Yes / No** Do you consider yourself ticklish? **Yes / No**
If yes, which areas of your body should I avoid or be more aware? _____
- 5) Do you sit for long hours at a workstation, computer, or behind the wheel driving? **Yes / No** If yes, please explain: _____
- 6) Do you perform any repetitive movement in your work, sports, or hobbies? **Yes / No**
If yes, please explain: _____
- 7) Do you experience stress in your work, family, or other aspects of your life? **Yes / No**
If yes, does stress affect you by:
Tense muscles (___) Anxiety (___) Insomnia (___) Irritability (___) Other (___)
Please explain: _____
- 8) Are there particular areas of your body where you now experience:
(Please circle) **Tension / Stiffness / Pain / Other Discomfort** ?
Please identify: _____
- 9) Do you have any particular goals in mind for this massage session? **Yes / No**
- 10) If yes, please explain: _____
Comments: _____

- 11) How are you feeling today? _____

Medical History

12) Are you currently under medical supervision (including chiropractic and mental health) or taking any medications *including* any over-the-counter medications or herbal/natural supplements? Yes / No

If yes, please explain/list: _____

13) Please place a "C" for Current of a "P" for Past for any condition listed below that applies to you:

- | | |
|---|--|
| <input type="checkbox"/> Any issues with touch and/or Massage | <input type="checkbox"/> Any adverse reaction/response to massage |
| <input type="checkbox"/> Open sores and/or Wounds (plz circle) | <input type="checkbox"/> Deep vein thrombosis and/or blood clots |
| <input type="checkbox"/> Easy bruising | <input type="checkbox"/> Joint disorder and/or Rheumatoid arthritis and/or osteoarthritis a/o tendinitis a/o tendinosis (plz circle) |
| <input type="checkbox"/> Injuries and/or Surgeries (plz circle) | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Contagious skin conditions | <input type="checkbox"/> Headaches and/or Migranes (plz circle) |
| <input type="checkbox"/> Sprains and/or Strains (plz circle) | <input type="checkbox"/> Cancer and/or benign tumors (plz circle) |
| <input type="checkbox"/> Fevers | <input type="checkbox"/> Diabetes; if so, Type I or Type II (plz circle) |
| <input type="checkbox"/> Swollen glands | <input type="checkbox"/> Decreased sensation a/o Neurpathy (plz circle) |
| <input type="checkbox"/> Allergies a/o Environmental sensitivities | <input type="checkbox"/> Back a/o Neck problems (plz circle) |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> High or Low Blood Pressure (plz circle) | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Circulatory disorder | <input type="checkbox"/> Carpal tunnel syndrome |
| <input type="checkbox"/> Varicose Veins and/or Phlebitis (plz circle) | <input type="checkbox"/> Pregnancy; if so currently, how far along? _____ |
| <input type="checkbox"/> Atherosclerosis | |

Please explain any condition marked above and anything else about your health history that would be useful to me, the massage therapist, to know to plan a safe, effective, more enjoyable massage session: _____

14) Please let me know how you learned of me and or Great Bodywork? (Thank you!) _____

I, (print name) _____ understand that the massage that I receive is provided for the basic purpose of relaxation and the relief of muscular tension. I am at least 18 years of age. If I experience any pain and/or discomfort during the session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician or other qualified medical specialist for any physical or mental/emotional ailment of which I am aware. I understand that massage therapists are not qualified to 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 or physiological conditions, I affirm that I have stated any and all of my known medical conditions and honestly answered all questions. I agree to keep the therapist updated as to any changes with my medical profile before any subsequent bodywork sessions and understand that there shall be no liability upon the therapist should I fail to do so.

Client Signature _____ Date _____

All information disclosed in this form is considered confidential and will not be shared with anyone without your express knowledge and consent except unless compelled through legal court order.

Tell me anything that can help me understand more about the type of massage that you want to receive and help me to give you the best experience possible!

	Least <-----> More - Most									
How relaxing do you want your massage to be?	1	2	3	4	5	6	7	8	9	10 - Ultra!
How deep do you want your massage to be?	1	2	3	4	5	6	7	8	9	10 - Ultra!
How comfortable are you with massage/touch?	1	2	3	4	5	6	7	8	9	10 - Ultra!
How warm do you like your massage room?	1	2	3	4	5	6	7	8	9	10 - Ultra!
How modest are you (1=Not at all and 10=very)	1	2	3	4	5	6	7	8	9	10 - Ultra!

How Nurturing? This is one of the hardest areas to define because nurturing can mean so many different things to different people. To me, the primary thing that make a session more nurturing is the agreed upon intention of the work. My nurturing work is significantly more generous and luxurious than my normal work. The strokes get progressively slower, more lavish and lingering and include more neuro-emotional system engagement. Please ask me any questions that you have about this.

How **nurturing** do you want your massage to be? 1 2 3 4 5 6 7 8 9 10 - Ultra!

Areas That Can Be Sensitive to Work On or Around: Please circle the type of work, if any, you want in the following areas:

Glutes – None | Light | Medium | Thorough | Other: _____

Adductors (inner thighs) – None | Light | Medium | Thorough _____

Groin/Psoas Area – None | Light | Medium | Thorough | Other: _____

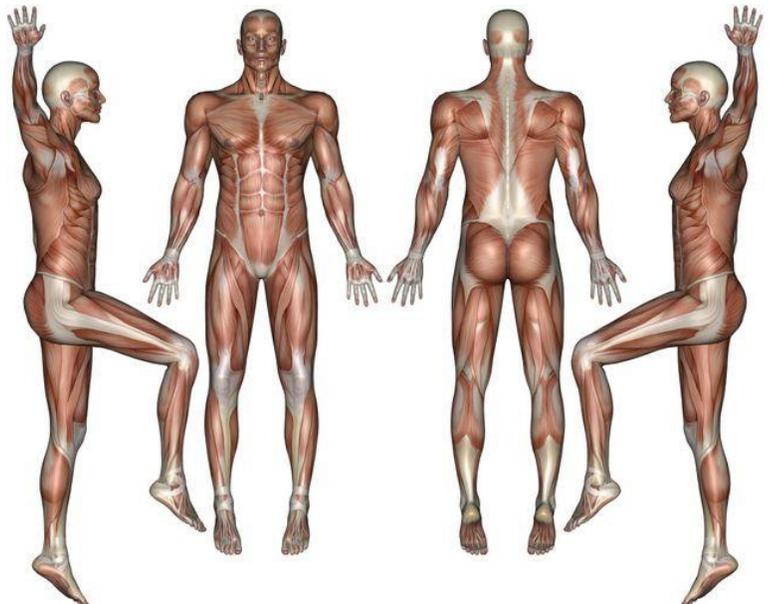
Stomach – None | Light | Medium | Thorough - **Ticklish Stomach?** Yes No _____

Feet – None | Light | Medium | Thorough - **Ticklish Feet?** Yes No _____

Do you like relaxation work on your face? Yes No **Scalp/Hair?** Yes No _____

Other Areas of Concern or Special Focus: Let me know what else to focus on or avoid.

Circle the parts of the body that need focus or attention in the muscular chart to the right. X over the parts that you want me to avoid.



If you really want to customize your massage experience, give me some descriptive adjectives that describe your ideal massage: _____

A Whole Lot of Information about Draping and Personal Modesty...

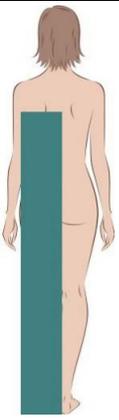
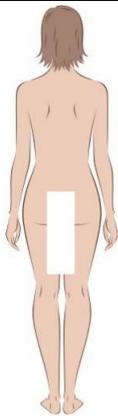
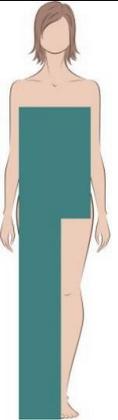
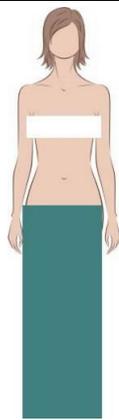
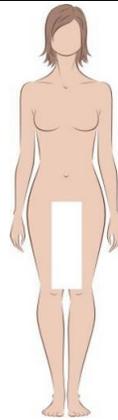
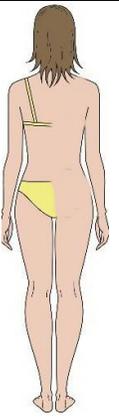
It is very important for both of us to feel as comfortable, relaxed and safe as possible during your session. One of the things that can cause the most unease is the amount and type of draping used during the session, especially in styles of massage that traditionally use less draping than other styles or are just better with less draping.

My standard recommendation is for you to undress completely (underwear and all), if you are comfortable doing so and get under the sheet to begin. This lets me use long, full-body strokes to treat the muscles in your neck, back, arms, hips, outside glutes and legs as one separate-but-definitely-continuous and integrated group of muscles. I will keep you covered to your desired level of modesty throughout the massage with a sheet or Lomi towel unless you specifically request no draping.

Please circle then initial your level of modesty and desired level of draping below. Ask me if you have any questions regarding draping.

None | Island Lomi Towel | Traditional Lomi Towels | Lomi Sheet | Western Sheet | Other

Draping Examples: These images illustrate different styles of draping that are available to you at my practice. I used female figures for the examples, but the draping options apply equally to men and women. **The green represents a sheet and the white represents a cloth towel.** The draping to the left of each set is the most modest/clinical but does not allow for the most thorough and uninterrupted Deep Lomi Massage experience – whereas the draping to the right does, but is obviously less modest. I suggest that you undress as completely as you are comfortable with and then choose the least modest draping that you are completely comfortable with. I will adjust my massage to meet your draping preferences. **The bottom line is that you feel safe, relaxed and completely comfortable with your choice so that you can thoroughly enjoy your massage.**

Face Down		Face Up				No Draping
Lomi Sheet	Traditional Lomi Towel	Western Sheet	Lomi Sheet	Traditional Lomi Towels	Island Lomi Towel	With or W/O Clothing*
						

****Initial preferred draping option above****

**I Include the no-draping option for clients who are very comfortable with their bodies and feel it is more natural to be worked on in this manner as well as to say that for me, in terms of bodywork, there should be no shame or glory rooted in our human form, only freedom and acceptance. At this time the Washington state regulations allow for licensed massage to be done in this manner, but the regulations will probably be changing in the next year and we may have to revisit your draping options at that time. In addition, your desired draping should be decided upon before the massage as I do not like to change to less modest draping preferences in the middle of a session without written consent.*