

Intake Form

Name:

Address:

Phone:

E-mail:

Emergency contact:

How did you hear about me?

Would you like to receive information about new products, services & promotions?

What is your primary reason for coming in today?

Are you pregnant or trying to become pregnant?

Do you have any injuries or health/medical conditions?

If so, please explain:

Please list any allergies:

Please list any skin sensitivities or conditions:

Are you currently using any substance which requires a prescription, either topically or internally?

If so, please list:

Is there anything else you want to let me know?

I understand that the treatments I receive are provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during any session, I will immediately inform my practitioner so adjustments may be made for my comfort. I further understand that bodywork and esthetic treatments should not be construed as a substitute for medical examination, diagnosis or treatment, and that I should see a physician, or other qualified specialist for any mental or physical ailment of which I am aware. I understand that bodywork practitioners are not qualified to perform 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 bodywork and esthetic treatments should not be performed under certain circumstances, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to update my practitioner with any changes in my medical profile and understand there shall be no liability on the practitioner's part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for full payment of the session.

Signature:

Date:

