



My Somatic Bodywork  
619.990.4255  
www.mysomaticbodywork.com

## Client Intake Information

### Integrative Bodywork and Massage Therapy

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Referred by: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician/Health-care Provider name: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Massage Information

Have you ever received professional massage/bodywork before? Yes ☐ No ☐

How recently? \_\_\_\_\_

What types of massage/bodywork do you prefer? \_\_\_\_\_

What kind of pressure do you prefer?      Light                      Medium                      Firm

What are your goals/expected outcomes for receiving massage/bodywork?

\_\_\_\_\_  
\_\_\_\_\_

How do you feel today? \_\_\_\_\_

List and prioritize your current symptoms/issues (stress, pain, stiffness, numbness/tingling, swelling, etc.):

\_\_\_\_\_

Do these symptoms interfere with your activities of daily living (e.g., sleep, exercise, work, childcare)? Yes No

Explain:

List the medications you currently take

\_\_\_\_\_

Are you wearing contacts? Yes ☐ No ☐      Are you pregnant? Yes ☐ No ☐

Have you had any injuries or surgeries in the past that may influence today's treatment?



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Are you under a doctor's care for any medical condition?

Please answer honestly, as massage may not be indicated for the below conditions. Place an **X** next to the condition to indicate conditions that you have or have had in the past mark **P** for Past.

arthritis	hepatitis (A, B, C, other)	back problems
diabetes	skin conditions	high blood pressure
blood clots	stroke	insomnia
broken/dislocated bones	surgery	muscle strain/sprain
bruise easily	TMJ disorder	pregnancy
cancer	depression, panic disorder,	scoliosis
chronic pain	anxiety,	seizures
constipation/diarrhea	other psych condition	whiplash
auto-immune condition *	diverticulitis	chemical dependency
(*AIDS, fibromyalgia, chronic	headaches	(alcohol, drugs)
fatigue, lupus, etc.)	heart conditions	

### Consent for Treatment

If I experience any pain or discomfort during this session, I will immediately inform the practitioner so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that massage/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 given should be construed as such. Because massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile and understand that 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 payment of the scheduled appointment. Understanding all of this, I give my consent to receive care.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature (in case of a minor): \_\_\_\_\_ Date: \_\_\_\_\_