CLIENT INTAKE - bodywork

After giving us contact information, answering the following questions is optional and will be kept confidential. These questions help us better serve you in your sessions here at Rasa.

Name _____ Phone _____

E-mail address _____ Mailing address _____

City _____ State _____ Zip _____ Date of birth _____

Emergency contact + phone number _____

We'd love to know how you heard about us. Please mark with an X the main reason that brought you here. ____ word of mouth

____ radio ____ internet search ____ Facebook ____ Instagram ____ Cayuga Health System

____ billboard ____ Rasa newsletter emails ____ TCAT buses ____ Island Health & Fitness ____ Inns of Aurora

GENERAL HEALTH HISTORY

What is your primary goal for your service today? (ie., recovery from injury, pain relief, relaxation) _____

_____

What is your main occupation? _____

What other activities do you enjoy? _____

Do you have a history of any of the following conditions?

____ Arthritis ____ Circulatory problems ____ Diabetes ____ Glasses/contact lenses

____ Headaches/Migraines ____ High blood pressure ____ Irregular digestion ____ Chronic pain

____ Osteoporosis ____ Sciatica ____ Sleep problems ____ Varicose veins

Are you pregnant or trying to become pregnant? _____ If you are pregnant, how many weeks?_____

Do you have skin allergies or sensitivities? Please be specific. _____

_____

Do you have a history of cancer? If yes, provide details below. Specify any radiation therapy received and/or lymph nod removal.

_____

_____

Please list any pain or injuries you've experienced in the past 12 months, including any major trauma (surgery, car accident, broken bones, etc). Feel free to use the drawing .._____

MASSAGE-SPECIFIC QUESTIONS

Have you ever received spa services or massage before? _____

If yes, approximately how often? _____

What type of pressure do you prefer? _____

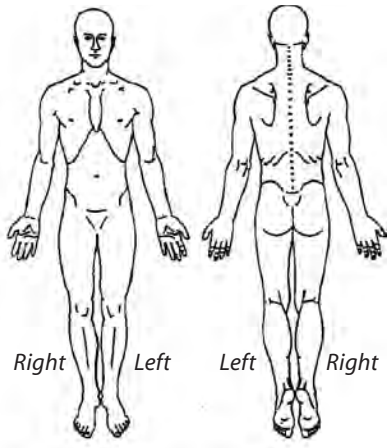
Is there any area of your body you would like to focus on today? _____

_____

Is there any area of your body you would like your therapist to avoid? _____

_____

_____



I understand that the services offered here are not a substitute for medical care. Any information provided is for educational purposes only and not diagnostically prescriptive in nature. I also give my permission for the therapists with whom I work to discuss information pertinent to my condition(s) and treatment with my other health care providers. I will ask for receipt of payment as well as session notes, if I would like to ask my insurance company for reimbursement.

Signature_____ Date _____