

Anunada Bodywork: Confidential Patient Intake Form

Patient Name: _____ Date of Birth: ____/____/____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email address: _____
Occupation: _____ Referred by: _____
Emergency Contact: _____ Telephone: _____

**The following information will be used to help plan safe and effective bodywork sessions.
Please answer the questions to the best of your knowledge.**

Date of Initial Visit _____

1. Have you had a professional massage/bodywork before? Yes No If yes, how often do you receive massage/bodywork? _____

2. Do you have any difficulty lying on your front, back, or side? Yes No

If yes, please explain _____

3. Are you wearing contact lenses () dentures () a hearing aid () ?

4. Do you sit for long hours at a workstation, computer, or driving? Yes No

If yes, please explain _____

5. Do you perform any repetitive movement in your work, sports, or hobby? Yes No

If yes, please explain _____

6. Do you experience stress in your work, family, or other aspect of your life? Yes No

If yes, how do you think it has affected your health? muscle tension () anxiety () insomnia () irritability () other

7. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort? Yes No

If yes, please explain _____

8. Do you have any particular goals in mind for this session? Yes No

If yes, please explain _____

9. Are you currently under medical supervision? Yes No

If yes, please explain _____

10. Are you currently taking any medication? Yes No

If yes, please explain _____

11. Please check any condition listed below that applies to you:

() recent accident or injury

() heart condition

() recent fracture

() osteoporosis

() recent surgery

() epilepsy

() artificial joint

() headaches/migraines

() sprains/strains

() cancer

() current fever

() diabetes

() allergies/sensitivity

() pregnancy If yes, how many months? _____

12. Is there anything else about your health history that you think would be useful for me to know to plan a safe and effective session for you? _____

Our services neither diagnose nor prescribe for disease conditions. All clients are encouraged to seek competent medical help when those services are deemed necessary. The client accepts total responsibility for his/her own health care and maintenance. Nothing said, typed, printed, or produced by us is intended or meant to diagnose, prescribe, treat a disease, or take the place of a licensed physician. This work is not medical treatment, and we do not prescribe medications and/or substances. I understand that the session given is for the purpose of stress reduction, relaxation, and healing. I also understand that it is not massage therapy. It is recommended that I see a licensed physician or licensed health care professional for any physical or psychological ailment I have. By signing below, I acknowledge and fully agree with the above information.

We ask for a 24 hour notice if you are not able to make your appointment. If you fail to cancel in a timely matter and/or do not show up to your appointment you will incur a \$25.00 service fee.

Client Signature: _____ Date: _____