

Medical History & Intake Form

Name:		Date:	
Address:		City:	Zip:
Phone: (h)	(w)	(c)	(email)
Birth Date:	Who may thank and give reward points to for your referral?		

1. Please list any physical discomforts, injuries and/or concerns for your session today, and mark these areas on the figures to the right of this page.

2. Are you presently receiving medical care, or taking medications? If yes, please describe:

3. Have you suffered any serious illness, injuries, trauma, been hospitalized or had surgery in the past 3 years?

4. Do you exercise regularly? If yes, describe types & frequency:

5. Have you ever had professional bodywork; *massage, chiropractic, or acupuncture*? If yes, describe types & frequency:



I would like to be informed of the money saving Membership Program	Y	N
I would like to be informed of the Referral Reward Program	Y	N

Consent for Care

It is my choice to receive therapeutic massage or bodywork, and hereby consent. I further understand that massage or bodywork is not a substitute for medical care, medical examination, or diagnosis. I have stated all medical conditions that I am aware of and will inform my practioner of any changes in my health status. If I am under 18 years old, the following is the signature of my parent or guardian.

Signature X _____ Date _____

Parent or Guardian Name Printed: _____ Relationship: _____