

Client Intake Form

Welcome to Bodywork Las Vegas! All information provided, whether written or verbal, will remain confidential.

Date of Birth: _____ M / F Name: _____ Address: _____ City/ST/Zip: _____ Phone: _____ h/w/c Email: _____	How did you hear about us? _____ In case of emergency, please contact: _____ @ ( _____ ) _____ - _____. (Relation: _____) May we contact you (by phone, email, mail) regarding special offers and the quality of your experience with us? <b>Y / N</b> Contact by: Mail <b>Y / N</b> - Phone <b>Y / N</b> - Email <b>Y / N</b>
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Have you received massage before? **Y / N** When was your last massage? \_\_\_\_\_

How would you like to benefit from today's session? \_\_\_\_\_

**Health & History**

1. Do you have any allergies or sensitivities to oils, aromas, heat, cold, fabrics or anything that might be involved in the treatment? <b>Y / N</b> Please list: _____ _____ 2. Are you pregnant or lactating at this time? <b>Y / N</b> How long? _____ 3. Have you had any injuries, accidents or surgery in the past 3 months? <b>Y / N</b> Explain: _____ _____ 4. Do you have any skin issues such as cuts, bruises or rashes? <b>Y / N</b> Where? _____ _____	5. Are you currently under the care of a doctor? <b>Y / N</b> Please detail: _____ _____ 6. Are you currently, or in the past 3 months, experiencing any medical conditions (including circulatory issues, heart or respiratory conditions, neurological conditions, pressure sensitivities, numbness/tingling, swelling, etc.)? <b>Y / N</b> Please detail: _____ _____ 7. Are you currently taking any medications? <b>Y / N</b> _____ _____
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*(additional space available on 2<sup>nd</sup> page if necessary.)*

**Please read and sign below:**

1. Massage therapy is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion and improve circulation. Although massage therapy can be very therapeutic, I understand that it is not a substitute for medical examination, diagnosis and treatment.
2. I understand that this is a therapeutic massage and any inappropriate remarks or advances will terminate the session and I will be liable for payment of the entire scheduled treatment.
3. I understand that massage should not be performed under certain conditions. I have informed the massage therapist of all known physical and medical conditions, and medications. I will keep the therapist updated about any changes.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Additional Notes:

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**Office Use:**

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

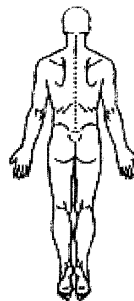
Activities: \_\_\_\_\_

Preferred pressure: \_\_\_\_\_

Areas of concern: \_\_\_\_\_

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Treatment focus: \_\_\_\_\_

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Other notes: \_\_\_\_\_

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Therapist: \_\_\_\_\_ Group/Joint Appts: \_\_\_\_\_

Date logged (computer) \_\_\_\_\_ Staff \_\_\_\_\_ Log notes: \_\_\_\_\_