Body & Soul Wellness Center

Intake Form

Name: _____ Date of Birth: _____ Today's Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ E-mail: _____

Occupation: _____ Who may we thank for referring you to our office? _____

Emergency Contact Phone #

Describe briefly the history of your current ACCIDENT, INJURY, ILLNESS, and OR CONDITION. Recent onset Date: _____

What type of treatment are you receiving today? Circle One, Massage, exercise/stretching, skin care.

What is the **MAIN** reason for your session today? Circle One - Pain relief, stress relief, relaxation.

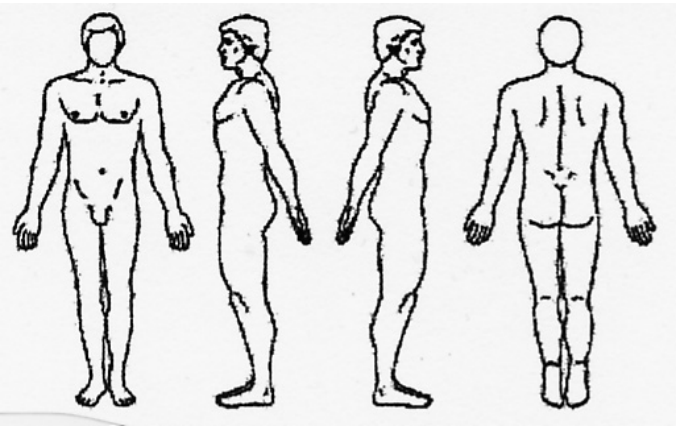
Please list any medications: _____

Allergies to any creams, oils, flower essences_____

Check below if you have any of the following conditions:

- ○ High blood pressure
- ○ Heart disorders
- ○ Varicose Veins
- ○ Pacemaker
- ○ Cancer
- ○ Kidney problems
- ○ Edema/Swelling
- ○ Diabetes
- ○ Pregnant
- ○ Epilepsy
- ○ Blood Clots
- ○ Hematoma
- ○ Phlebitis
- ○ Lymphedema
- ○ Bursitis
- ○ Broken bones, past 2 yrs.
- ○ Recent Surgery
- ○ Angina
- ○ Arthritis
- ○ Discomfort in Legs/Arms
- ○ Infections
- ○ Osteoporosis
- ○ Herniated disc/bulge
- ○ Other: _____

Please indicate areas of discomfort on the figures below:



I understand that massage/bodywork/corrective exercise should not be construed as medical diagnosis, medical exam. I have stated all medical conditions and will inform you of any changes in my health. We reserve the right to charge for appointments cancelled or broken without a 24 hour notice. If you are late for your appointment, the remaining time is yours and full payment is expected.

Patient Signature: