Body Mechanicx
Sports Therapy

CLIENT INTAKE FORM

Client Information

Name: _____ D.O.B:_____

Address: _____

Email _____

Home Telephone:_____ Mobile Telephone:_____

Emergency Contact: (Name) (Telephone) _____

Referred by:_____ Occupation:_____

Marital Status: Married/Single/Divorced/Widowed/Separated (please circle one) **Gender:** Male/Female

Are you pregnant? Yes No

Are you currently under medical supervision? Yes No

If yes, please explain_____

Have you had any recent surgeries or medical procedures? Yes No

If yes, please explain_____

Have you been involved in an auto accident or experienced severe trauma to your body? Yes No

If yes, please explain_____

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

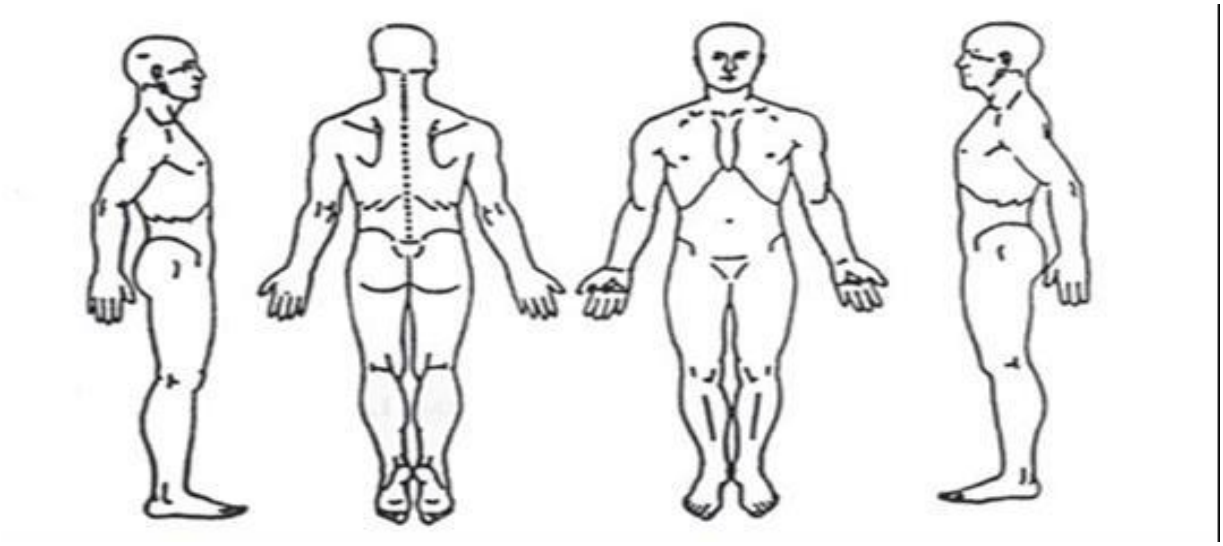
Do you perform any repetitive movement in your work, sports, or hobby? Yes No
If yes, please describe _____

Is there a specific area of the body where you are experiencing tension, stiffness, pain or discomfort? Yes No
If yes, please identify_____

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

If yes, please explain_____

Please circle any specific areas where you are experiencing pain or discomfort



Please rate your pain level on a scale of 1-10 (10 being the worst) of the areas you circled above.

What activities cause these problem areas to increase in pain?

I understand that the massage I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during my session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a physician other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. Please be aware that we have a 24 hour cancellation policy. **If you miss your appointment, cancel or change your appointment with less than 24 hours' notice, you will be charged $25.**

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____