



CONFIDENTIAL NEW CLIENT INTAKE FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Do you wear contact lenses?: \_\_\_\_\_ Hearing Aids \_\_\_\_\_ Dentures \_\_\_\_\_

List Any Surgeries or Injuries and the approximate date:

Are you allergic to anything? \_\_\_\_\_

Are you or could you be pregnant at this time? \_\_\_\_\_

Are you currently or have you ever experienced the following health conditions?

Asthma \_\_\_\_\_ Cancer \_\_\_\_\_ Diabetes \_\_\_\_\_

Varicose veins \_\_\_\_\_ Phlebitis \_\_\_\_\_ Blood Clots \_\_\_\_\_

Skin Conditions \_\_\_\_\_ Seizures \_\_\_\_\_ Headaches \_\_\_\_\_ How often \_\_\_\_\_

Arthritis \_\_\_\_\_ Fibromyalgia \_\_\_\_\_ Dislocations \_\_\_\_\_

High or low blood pressure \_\_\_\_\_ Prescription? \_\_\_\_\_ Heart Conditions \_\_\_\_\_

Do you have any communicable or contagious conditions? \_\_\_\_\_

CoVID-19:

Have you had a fever in the last 24 hours of 100 degrees F or above? \_\_\_\_\_

Do you now, or have you recently had, any respiratory or flu symptoms, sore throat, or shortness of breath? \_\_\_\_\_

Have you been in contact with anyone in the last 14 days who has been diagnosed with CoVID-19 or has coronavirus-type symptoms? \_\_\_\_\_

*I understand that, because massage therapy work involves maintained touch and close physical proximity over an extended period of time, there may be an elevated risk of disease transmission, including CoVID-19. By signing this form, I acknowledge that I am aware of the risks involved and give consent to receive massage and bodywork from this practitioner.*

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

*To the best of my knowledge, the information given is complete and accurate. I understand that my massage therapist cannot prescribe any medications, diagnose or treat any medical conditions.*

Misconduct

*I also understand that this is a professional establishment and that any situation that causes discomfort for the massage therapist will be reason for termination of services given.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Be in the Know

*Jot down your information and I'll keep you updated on everything happening at On The River (if you haven't been receiving our emails/newsletters, please sign up again)*

Email: \_\_\_\_\_

How did you hear about me? \_\_\_\_\_