

# Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

In Case of Emergency, Please Notify:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Relationship: \_\_\_\_\_

Who referred you? Name: \_\_\_\_\_

Website       Advertisement       Other: \_\_\_\_\_

What are your intentions or expectations for this visit? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Present symptoms: What is your major complaint or condition you want to improve? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you now under medical / therapeutic treatment?     Yes       No

If yes, for what condition? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list your care provider's name and phone number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Permission to consult with provider?     No       Yes \_\_\_\_\_ (please initial if yes)

List any medications (including aspirin) and nutritional supplements you are taking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list (including date and description) any accidents or operations: \_\_\_\_\_

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Please list any additional comments or concerns regarding your health and well-being: \_\_\_\_\_

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Marketing: Occasionally we send out newsletters, announcements and special occasion cards. If you **do not** wish to receive these, please check here:

Preferred method of contact for appointment reminders, schedule changes or other needs:

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I, \_\_\_\_\_, understand that massage therapy provided by the licensed massage therapists at Essence Body Work is intended to enhance relaxation, reduce pain caused by muscle tension, increase range of motion, improve circulation and offer a positive experience of touch. I understand that massage therapy is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the massage therapist does not diagnose illness or disease, does not prescribe medications, and that spinal manipulations are not part of massage therapy.

I have informed the massage therapist of all my known physical conditions, medical conditions and medications, and I will keep the massage therapist updated on any changes. I understand that there shall be no liability on the massage therapist's part due to my forgetting to relay any pertinent information.

I, \_\_\_\_\_, give consent to Essence Body Work for the use and disclosure of my Protected Health Information (PHI) for the specific purposes of providing massage therapy to me, receiving payment for services rendered to me and for general administrative operations of the practice.

I understand that I have the right to request restrictions on the use and disclosure of my PHI, but the practice is not required to agree to these restrictions. If the practice agrees with my restrictions, the restriction is binding to the practice. I have received a copy of the Privacy Policies Notice. I have read the Notice and understand this authorization form. I also understand that I may revoke this authorization at any time by notifying the massage therapist in writing.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_