

Harmony Integrative Bodywork – Client Intake Form



Client Information

Client Name: _____ Date: _____
Address: Street _____ City _____ State _____ Zip _____
Preferred phone number: _____ Do you text? YES NO Preferred Gender Pronoun: _____
Email address: _____ Preferred form of communication (circle one): PHONE EMAIL
Date of birth: ___/___/___ Emergency contact (name/number): _____
How did you hear about me? (referral, internet search, etc.) _____

Bodywork Information

Have you had a massage/bodywork before? Yes [] No [] Frequency: _____

Preferred Pressure: Light [] Medium [] Firm [] Not sure? []

Types of massage/bodywork received: _____

Reasons for seeking bodywork? (relaxation, injury, etc.) _____

Expected outcomes (functional improvement, symptom relief, wellness):

Does your day consist of mostly (circle one): SITTING STANDING How long is your commute? _____

Occupation: _____ Are you on the computer a lot? _____

What are your sleeping positions: _____ Do you clench/grind your jaw? _____

Description of injury/health condition including how long it has been going on:

Please list medications (some may interact with our work):

Typical activities of daily living (work, exercise, sports, hobbies):

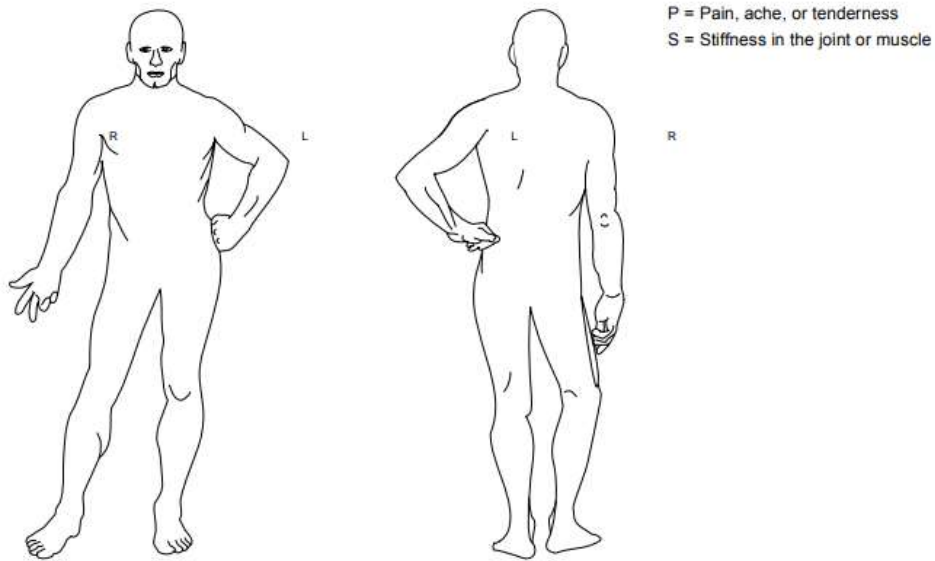
Please briefly list any major traumas/accidents/surgeries/scars (from birth to present), as these can create holding patterns:

Do you have special needs I should prepare for, including any allergies/limitations:

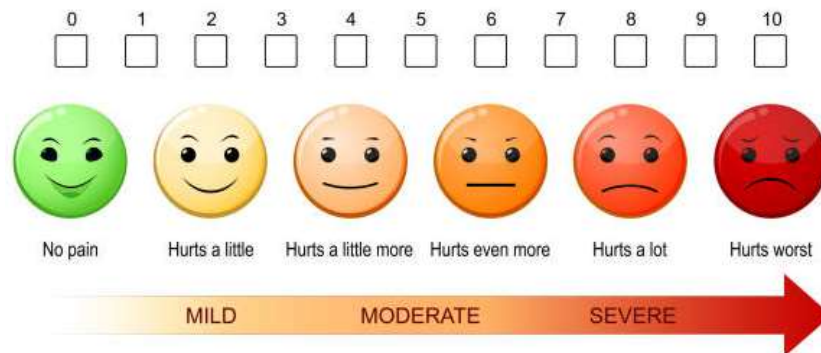
Are you pregnant (circle one) YES NO If yes, how many weeks: _____

Would you be interested in including any of the following for your session (circle any that apply):
Aromatherapy Sound healing Chakra work Abdominal work Energy work/Reiki

Depict how you are feeling today by drawing a circle on the figures representing the size and shape of the following symptoms. Place the letter representing the symptoms in or near the circle:



Pain Scale: rate how you are feeling today by choosing the number that best represents how you are doing today:



Are you able to do everything you want/need to do? Yes, no problem Mostly Sometimes **Not** able to do anything

Policies

Cancellation/No Show/Tardiness A 24-hour notice is required for cancellation of an appointment, or you will be charged in full for the appointment. Payment is due before your next appointment. If no notice of cancellation is given and you do not show up for your scheduled appointment, you will be asked to pay full price of the service. Appointment times are as scheduled and cannot extend beyond the stated time to accommodate late arrivals. Please be on time to your appointment.

Sickness Massage/bodywork is not appropriate care for infectious or contagious illness. Please cancel your appointment as soon as you are aware of an infectious or contagious condition. If it is within the 24-hour notice period, the cancellation fee may be waived.

Scope of practice/Standards You understand that I do not diagnose illness or disease, or prescribe any medication/treatments. You acknowledge that you are receiving bodywork at your own risk. Uncleanliness, obvious contagious conditions, or suspicions of alcohol or drug influence are reasons for termination of the session. I reserve the right to refuse to treat any person or part of the body for just and reasonable cause. I am a professional dedicated to health, well-being, and a strong professional code of ethics. I will not initiate or engage in sexual activities or behavior involving a client, and such conduct represented by the client will lead to an immediate termination of the session.

Person-centered care I welcome you to share anything that you feel is relevant for me to know, in order to make sure I provide you with the best possible care. If there is ever anything about your body, your gender, or your identity that you want to discuss or ask questions about in terms of bodywork, please don't hesitate to do so.

During the session I encourage feedback regarding temperature, music, lighting, pressure, technique etc. as everyone is different, so please speak up. Inform me of areas you would like me to avoid: _____, and if anything makes you uncomfortable at any time, you have a right to say so.

Signature: _____ Date: _____