

Client Intake

Name _____ Date/Time _____
Address _____ Phone _____
City _____ State _____ Zip _____
Birth Date _____ Occupation: _____
E-mail _____

Contraindication Check List:

All precautions are taken to prevent the spread of infectious disease. Safety can and will be maintained while nurturing and therapeutic bodywork is provided. Confidentiality will be maintained at all times.

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|--|--|--|---|
| <input type="checkbox"/> Allergies-Sinus | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Migraine headaches | <input type="checkbox"/> Wear Contacts |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Phlebitis | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Bone Spurs in feet | <input type="checkbox"/> Herniated Disk – Spinal Disease | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cardiac History | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Psychiatric Hospitalization | _____ |
| <input type="checkbox"/> Cancers | <input type="checkbox"/> Hysterectomy | <input type="checkbox"/> Skin Diseases | _____ |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> Sciatica – Lower Back Pain | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Diabetes-Hypoglycemia | <input type="checkbox"/> Lung Disease (ex. Asthma) | <input type="checkbox"/> Thrombosis | |
| <input type="checkbox"/> Edema | <input type="checkbox"/> Lupus | <input type="checkbox"/> Trying to Conceive | |

General health condition? _____

Do you have any physical conditions I need to be aware of? (operations, car accidents, or other physical trauma) _____

List any current medications and diagnoses: _____

Are you experiencing Chronic Pain, where? _____

Have you received previous bodywork? _____ What was your impression? _____

What are your goals? _____

Are there any areas you do not want to have touched? _____

Do you give permission to have your breasts / chest area touched? _____

How did you hear about Rowan? _____

I understand that body therapy is for the purpose of stress reduction, relief from muscular tension and increasing circulation and energy flow. I understand that all sessions are confidential and strictly non-sexual in nature. I understand that Rowan TwoSisters does not diagnose illness, disease or any other physical or mental disorders. As such, Rowan TwoSisters does not prescribe medical treatment or pharmaceuticals, nor does she perform any spinal manipulations. It has been made very clear to me that bodywork is not a substitute for medical examinations and/or diagnosis and that it is recommended that I see a physician for any physical ailment that I might have. Because a body therapist must be aware of existing physical conditions, I have stated my known medical conditions and take it upon myself to keep Rowan updated on my physical health. I understand that I, the client, am in control of the session by giving honest feedback which will be used constructively, and I can terminate the massage at any time. I agree not to hold Rowan TwoSisters responsible for any injuries, accidents, communication differences, conflicts or physical illnesses that may arise during this therapy. I understand that Rowan TwoSisters agrees to act competently and fairly as a professional body therapist. In summary, I affirm that I am responsible for my own state of health and wellness

Signature . _____