Client Intake Form

Inner Wizdom Dragon Spirit

Name:	**Cell Phone:**
Street Address:	**Home Phone:**
City, State, Zip:	**Work Phone:**
Email:	**Birth Date:**
How did you hear about us?	**Occupation:**

Medical Information – Please check, circle and note any conditions you have or have had

☐ Diabetes	☐ Trauma, surgeries or broken bones	☐ High or low blood pressure	☐ Ulcer or other digestive problems
☐ Respiratory problems	☐ Cardiac or circulatory problems	☐ Contagious illness or disease	☐ Immune disorders
☐ Varicose veins or spider veins	☐ Blood clots or phlebitis	☐ Cancer or tumors	☐ Excessive fatigue
☐ Osteoporosis or Arthritis	☐ Bursitis or Tendonitis	☐ Kidney or Urinary problems	☐ Hepatitis A, B or C
☐ Sexually transmitted diseases	☐ Skin infection, athletes foot or warts	☐ Spinal pain or sciatica	☐ Allergies
☐ Chronic headaches	☐ Seizures	☐ Multiple Sclerosis	☐ Numbness or tingling

☐Yes ☐No Do you have any heat sensitivity or take any drugs that affect heat sensitivity? We use heat therapy in our sessions

☐Yes ☐No Are you allergic to any nuts or essential oils?

☐Yes ☐No Do you experience any difficulty lying on your front or back?

☐Yes ☐No Are you taking any prescription pain medication or blood thinners?

☐Yes ☐No Have you had professional massage before?

☐Yes ☐No Are you pregnant or trying to get pregnant?

Would you like us to be aware of any other trauma or experience?

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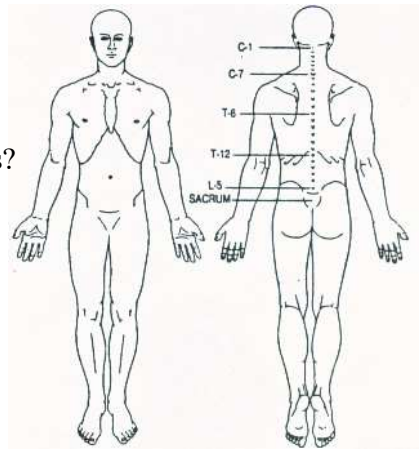
Please indicate areas of pain, tension or discomfort



PLEASE READ AND SIGN BELOW

I will tell my therapist if anything is outside of my comfort zone. I will notify my therapist of any current changes or concern that will affect my therapeutic session. I further understand that massage should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should consult a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment. **I understand there is a 24-hour *CANCELLATION POLICY*. If for any reason I cannot make a scheduled appointment, it is my responsibility to notify my therapist AT LEAST 24 hours before my appointment or *I will be responsible* for the cost of the missed session.**

Thank You and Welcome!!!

Signature Date

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