

Intake Form

Name _____ Email _____ Date _____

Address _____

Home Phone _____ Work Phone _____

Date of Birth _____ Height _____ Weight _____

Profession _____ Referred By _____

Previous professional bodywork/massage? _____

What is your goal for today's session? _____

Is there an area where you seem to hold your tension? _____

Circle any that apply:

Cervical Spine problems Thoracic Spine Problems Lumbar Spine Problems

Rheumatoid Arthritis Osteoarthritis Osteoporosis

Stroke Heart Disease Cancer

Dislocation Arteriosclerosis Phlebitis

High Blood Pressure Aortic Aneurysm Hernia

Joint Problems Fractures Wounds

Skin Disease/Problems TMJ Surgery

Carpal Tunnel Sciatica Thoracic Outlet Syndrome

Do you have any other medical conditions that I should be aware of?

Are you taking any medications that I should be aware of?

Anything else?

Do you have any restrictions in movement?

Are there any yoga postures or stretches that you fear may be harmful?

Informed Consent for Thai Yoga Bodywork:

The above information is accurate to the best of my knowledge and I freely give my permission to be massaged. I understand that Thai Yoga Bodywork consists of stretching and deep compression. The purpose is for relaxation and it is not meant to diagnose or treat any illness, disease, injury or condition. I understand that this therapy should not be construed as a substitute for medical attention. I agree to inform the therapist of any pain or discomfort experienced during the session. I understand that I have the authority to guide the direction of this treatment and I take full responsibility for my health.

Client's signature _____ Date _____

Session Notes: (to be completed by the therapist)

Contraindications:

Difficulties:

Client Preferences:

Client Dislikes:

Other Remarks: