



CLIENT INTAKE FORM

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. If at any time you have questions regarding your session, please let me know.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_

How did you hear about Crystal in Sedona? \_\_\_\_\_

Have you ever experienced any of the following:

Massage Therapy, Bodywork, Energy Work, a Scrub, a Wrap, or a Luxury Soak?

If yes to any of the above please note exact modalities (example: Aromatherapy Massage, Hot Stone Massage, Sugar Scrub, Lavender Wrap.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name and reason for medications \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently seeing a healthcare professional? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list names and reason/treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please review this list for any conditions that have affected your health either recently or in the past. If recently please put “R” and if in the past (over a year) please put “P.”

- arthritis
- auto-immune condition
- back problems
- blood clots
- broken/dislocated bones
- bruise easily
- cancer
- chemical dependency (alcohol, drugs)
- chronic pain
- constipation/diarrhea
- depression, panic disorder, other psych condition
- diabetes
- diverticulitis
- \*hepatitis (A, B, C, other)
- headaches
- heart conditions
- high blood pressure
- insomnia
- muscle strain/sprain
- pregnancy
- scoliosis
- seizures
- skin conditions
- stroke surgery
- TMJ disorder
- whiplash
- (\*AIDS, fibromyalgia, chronic fatigue, lupus, etc.)

If any of the above needs to be detailed or if there is anything else to share, please do so:

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Please add all surgeries or anything else not listed that I should be aware of: \_\_\_\_\_

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Do you have any of the following today: skin rash Yes \_\_\_ No \_\_\_ cold/flu Yes \_\_\_ No \_\_\_  
open cuts Yes \_\_\_ No \_\_\_ anything contagious Yes \_\_\_ No \_\_\_ injuries/bruises Yes \_\_\_ No \_\_\_  
severe pain Yes \_\_\_ No \_\_\_ migraine headache Yes \_\_\_ No \_\_\_

Do you have any allergies to: medications Yes \_\_\_ No \_\_\_ foods Yes \_\_\_ No \_\_\_ (nuts, etc.)  
environmental allergens (dust, pollen, fragrances) Yes \_\_\_ No \_\_\_ essential oils Yes \_\_\_ No \_\_\_  
reactions to skin care products Yes \_\_\_ No \_\_\_

If any of the above are checked, please give details: \_\_\_\_\_

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Are you wearing: \_\_\_\_\_ contact lenses \_\_\_\_\_ hearing aid \_\_\_\_\_ hairpiece \_\_\_\_\_ dentures

What are your goals/expectations for this therapy session ? \_\_\_\_\_

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The following sometimes occurs during massage. They are normal responses to relaxation. Trust your body to express what it needs to: need to move or change position, sighing, yawning, change in breathing, stomach gurgling, emotional feelings and/or expression, movement of intestinal gas, energy shifts, falling asleep, and memories. Please communicate any changes you are experiencing.

Please read the following information and sign below:

1. I understand that although massage therapy can be very therapeutic, relaxing, reduce muscular tension, and increase circulation, it is not a substitute for a medical examination, diagnosis and treatment.
2. This is a therapeutic massage and any sexual remarks or advances will terminate the session and I will be liable for payment of the scheduled treatment. Being that massage should not be done under certain medical conditions, I affirm that I have answered all questions pertaining to medical conditions truthfully and have filled out this form to the best of my knowledge at this time.

### Missed Appointment Policy

I strive to provide a quality Private Practice as a Licensed Massage Therapist providing services in a timely manner. Any missed appointment not cancelled 24 hours in advance will be charged the full price. Any *two hour session or longer* not cancelled 48 hours in advance will be charged the full price. Please extend common courtesy to myself and other client's who may wish to schedule during that time.

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

*All Information on this Intake Form is Confidential*