A KAREN TOUCH THERAPEUTIC MASSAGE AND BODYWORK

CLIENT INTAKE FORM DATE: _____

Name: _____Sex: __Male __Female

Address: _____

City:_____State: _____ Zip _____

Cell Phone #: _____Home Phone #: _____

E-mail: _____ Preferred method of contact: (circle) home cell email

Preferred Appointment Day and Time: _____

Date of Birth: _____ Occupation: _____

Employer_____

Marital status: ___ Single ___ Married Name of Spouse/Significant Other: _____

In Case of Emergency, Please Notify: Name: _____

Relationship: _____ Telephone #:_____

Primary Health Care Provider: _____

Have you received previous massage work? _____ How often?_____

Reason(s) for coming for in today:_____

How did your hear about A Karen Touch? _____

Who may I thank for your referral? _____

Any specific areas you would like worked on? _____

Please list any major traumas you have had to your body (e.g. accident, fall, etc.). Please include all muscle, bone or joint injuries even if not recent and the date: _____

_____

Please list any surgeries and their dates: _____

_____

Medication currently taking: _____

_____

Do you exercise and if so, what do you do and how frequent?

_____

On the figures to the right, please indicate the following using the symbol's provided:

P ~ pain
N ~ numbness
T ~ tightness
S ~ sensitvity (ex. Ticklish, Bruises)

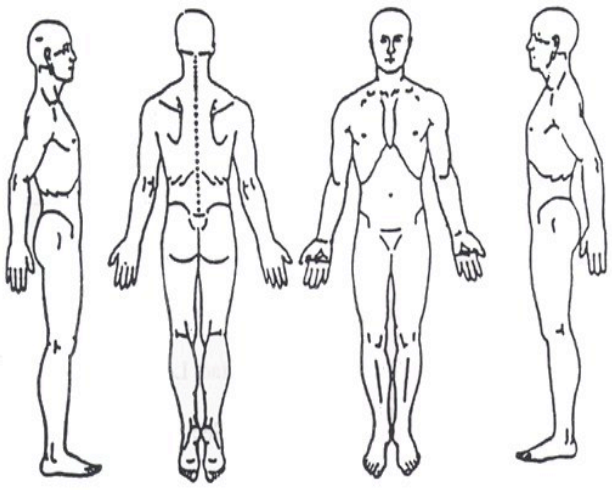
Please specify your preference for pressure:

Light Moderate

What are your goals for this session?

_____

_____



HEALTH HISTORY

Please circle any of the following that pertain to you:

Seasonal Allergies
Hypoglycemia
High Blood Pressure
Heart Disease
Kidney Dysfunction
Varicose Veins
Spine/Neck Injury
Fibromyalgia
TMJ Syndrome
Eczema
Migraines

Headaches
Insomnia
Depression
PMS
Phlebitis
Stroke
Osteoarthritis
Cancer
Psoriasis
Chronic Fatigue Syndrome
Compromised Immune System

Asthma/Respiratory Disorder
Osteoporosis
Muscle Cramps
Carpal Tunnel Syndrome
Digestive Disorders
Rheumatoid Arthritis
Diabetes
Flu/Cold/Fever
Dermatitis
Pregnant
Due date_____

Celiac Disorder
HIV/AIDS
Liver Disorder
Plantar Fasciitis
Sciatica
Scoliosis
Thyroid Disorder
Gout
Nerve Damage
Tendinitis
Other: _____
_____

A Karen TouchTherapeutic Massage and Bodywork, LLC Policies:

- A charge of $50 for appointments that are missed or canceled less than 24 hours before the appointment time.
- A charge of $35 for returned checks.
- Coupons and Gift Certificates must be presented at the time of the appointment.
- Late clients will happily be seen, but appointments will end at the original scheduled time.
- Your treatment will not be discussed with any other party without your written and expressed consent.
- We will gladly provide itemized receipts upon request for submission to Health Savings Plans or special insurance reimbursement.
- We accept cash, checks, debit and credit cards

The following sometimes occur during massage. They are normal responses to relaxation and/or touch, and you need not be embarrassed nor suppress them. Movement or release of intestinal gas - crying - laughing - strong emotions - sighing - groaning - yawning - softening of muscle tissue - cognitive or felt memories - stomach gurgling - need to move or change position. I ask and intend that you feel and do what is completely natural in order to fully relax in a safe sacred space, with no judgment. This is your time so if there is anything I can do to help you feel more at ease, please do not hesitate to ask.

I understand that if I experience any pain or discomfort during my session, I will immediately inform the therapist. I also understand that massage should not be considered a substitute for medical or psychological care, examination, diagnosis or treatment and I agree to seek qualified medical care for any mental or physical illness that I am experiencing. I also understand that certain contraindications exist for massage therapy and I will inform my massage therapist immediately if any changes to my health profile occur. I agree that my massage therapist will not be held liable for any negative effects if I fail to update my profile or provide complete information. Finally, I understand that any illicit or sexually suggestive remarks or advances will not be tolerated and will result in the immediate termination of the session with full payment due.

Client's Signature_____ Date ____/____/___
Parent Signature (required if client is under 18) _____