

Phoenix Bodyworks Charlotte Morris LMT
Structural Bodywork, Sports & Therapeutic Massage

INITIAL SESSION INTAKE QUESTIONNAIRE

Name: _____

Date: _____

Referred by: _____

Address: _____

Birth Date: _____

Phone: (home) _____ (work): _____ (cell): _____

Email: _____

Credit card number: _____ Exp date: _____

Occupation: _____

Emergency Contact: _____

Phone #: _____

Primary Medical Practitioner: _____

Phone #: _____

1. Goals for bodywork/massage session (e.g., manage pain, relieve discomfort, maintain health, reduce stress, simply relax, etc.):

2. Current physical discomforts:

3. Current medications and corresponding condition:

4. Professional bodywork previously received (e.g., physical therapy, chiropractic, osteopathic care, energy work, etc.):

5. Regular exercise (personal sports/routines, fitness classes, personal training/coaching, etc.):

CONSENT FOR CARE

I understand that my practitioner is not a licensed MEDICAL healthcare provider and that bodywork/massage is not a substitute for medical care, medical examination, or diagnosis. I have stated all my known medical conditions and will inform my practitioner of any change in my health status.

I understand that there is no implied or stated guarantee of success or effectiveness for bodywork/massage sessions. It is my choice to receive bodywork/massage and I give my consent for bodywork/massage.

I understand that the client/patient practitioner relationship will be held in strict confidence.

I understand that the client will be draped at all times; neither my breasts(female) nor genital areas will be massaged. I may itemize here any areas of my body which I wish to be avoided, and these will be avoided.

Itemize areas:

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If I am uncomfortable for any reason I may request to end the session and the session will be ended.

Client/Patient Name: _____ Date: _____

Client/Patient Signature: _____

Parent / Guardian if under 18 years of age: _____