

Client Intake Form
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C Street Medical Buildings
710 "C" Street, Suite 7B
San Rafael, CA 94901

Pt. Reyes Massage & Bodywork Studio
11431 Hwy One; Creamery Bld. Ste. 2A
Point Reyes Station, CA 94956

Name: _____

Phone: h) _____

c) _____

Address: _____

w) _____

Referred by: _____

Email: _____

Occupation: _____

Birthdate: _____

Hobbies: _____

Have you ever experienced a professional massage or bodywork session before?

If so, what was the focus at that time?

How would you describe the type of pressure you prefer?

Where do *you* feel that you hold stress in your body?

If you are coming in today for a particular injury or condition, is your condition due to an auto accident or an accident at work?

******If not, skip to next page******

(NOTE: for future needs, you may want to check your auto policy to be sure it includes sufficient "med pay" or medical payments.)

If yes, what was the date of injury?

If your treatment might be covered under your insurance, please note your insurance carrier, including your claim number, your representative's name, email and phone number.

Are you currently under the regular care of a physician, chiropractor, acupuncturist, counselor or other health care provider (including another massage practitioner or bodyworker)? Please list, including name and phone number.

May I have permission to contact your other health care providers to confidentially discuss your care? If so, which ones?

Have you had any other accidents, serious injuries or broken bones? Please describe injuries clearly, noting approx. dates:

Have you ever had surgery? Please describe:

Do you currently have any diagnosed condition? Please note:

Are you on medications? If so, please indicate:

Please describe any additional feelings, symptoms or concerns that you feel should be noted or discussed.

Please remember it is your responsibility to let me know if, at any time, you feel uncomfortable during your session. ***This time is for you to enjoy and feel your body in a positive way!*** Let me know how I can help.

Also, remember that I do ask you to provide me with at least **24 hours notice** if for any reason you are unable to keep a scheduled appointment. If not, you will be charged for the appointment. Thank you.

Please sign below to indicate that you have read and understand the above.

Name: _____ Date: _____