White Crane Bodywork Center
Confidential Client Intake Form

WELCOME! I would like to make your appointment as pleasant and comfortable as possible. Please take a moment to answer these questions before we begin. If you have any questions or concerns, don't hesitate to ask.

Name _____ Date of Birth _____
Address _____ City_____ State_____ Zip_____
Home Phone _____ Work Phone_____
Mobile_____ Email_____
Emergency Contact / phone number_____
Occupation / Main activity at work_____
List physical activities you participate in regularly_____
What movements or activities are limited? _____
Have you ever received massage therapy? Yes No
What are your expectations from this session? _____
Where did you hear about us? _____

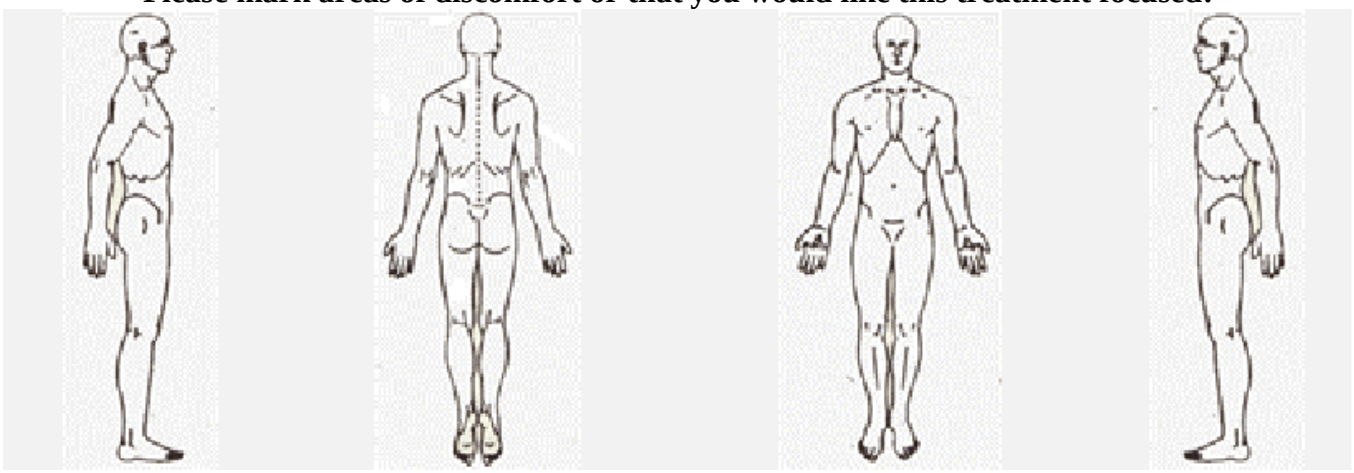
Medical History and Information

Check any or all that apply:

___ headaches	___varicose veins	___ osteoporosis
___ vision problems	___muscle or joint pain	___blood clots
___ sinus problems/allergies	___numbness/tingling	___high/low blood pressure
___ liver/kidney disease	___sprains/strains	___diabetes
___ fibromyalgia / chronic fatigue	___scoliosis	___cancer/tumors
___ ulcers/acid reflux/etc.	___arthritis	___asthma
___ heart / circulatory condition	___tendonitis	___skin conditions

Are you currently under a Doctor's care / Explanation of any conditions: _____
_____
List all medications/herbs/vitamins: _____
List previous major injuries/surgeries_____
_____

Please mark areas of discomfort or that you would like this treatment focused:



Are there any areas you do NOT wish to have addressed in this massage? (Please note that full body treatments may include work in the Abdominal, Gluteal, Ribcage, and/or Pectoral areas)

_____
_____

*** Please Sign and Date Second Page ***

Please read the following information and sign below:

- I understand that although massage therapy can be very therapeutic, relaxing and reduce muscular tension, it is not a substitute for medical examination, diagnosis and/or treatment, and I will consult a qualified medical practitioner for diagnoses, prescriptions, etc. Nothing said or done in the course of this treatment should be considered a substitute or replacement for qualified medical attention or advice.

- 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 will keep my therapist updated to any changes in my profile or condition. I also understand that the therapist may request referral or clearance from a primary care provider before treatment in the presence of certain conditions.

- I understand that all personal and medical information I have provide on this form is confidential, and no personally identifiable information will be sold, distributed, or shared without my written consent.

Signature: _____ Date: _____

Suggestions for the client:

- Please remove all jewelry, etc. prior to the session
- As a rule, massage therapy is performed with the client unclothed to allow the therapist maximum access to all muscles and attachments. The therapist will provide linens and/or towels to protect the modesty and dignity of the client. As comfort levels vary from person to person, some people prefer to wear undergarments or swimsuits during massage therapy. This is your choice, and the main goal is for you to be as relaxed and comfortable as possible.
- Many reactions commonly occur during massage, such as the need to move or change position, changes in breathing, stomach gurgling/movement of intestinal gas, emotional feelings and/or expression, energy shifts, falling asleep, memories, etc. They are normal responses to relaxation and should be allowed to happen naturally.
- This is a therapeutic massage. It is not in any way sexual in nature. Any inappropriate actions or suggestions will result in immediate termination of the session
- Before, during, and after the session please feel free to ask any questions and/or give any feedback that may come to mind. This may include such things as pain or discomfort experienced, too much or too little pressure or speed in massage techniques, feeling too warm or too cold, painful tender or ticklish areas of the body, or general questions about the techniques and modalities being used. Your therapist is a trained professional and will be happy to make you feel comfortable and well informed. Remember, this is YOUR massage.
- Most of all – relax and enjoy!

Thank you for giving me the opportunity to treat you. I hope to see you again soon.