



# The Peaceful You

Pause. Breathe. Be at peace.

## Client Medical Intake Form-Confidential Information

Today's Date: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Email Address: \_\_\_\_\_ okay to contact you via email?  **yes**  **no**

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

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**How many massages have you received before today?**

0  
 1  
 2-5  
 10+

**Please list any medication you are currently taking, Blood pressure medication or hormonal creams especially.** \_\_\_\_\_  
 \_\_\_\_\_

Do you have any nut allergies?  **yes**  **no**

Are you pregnant or breastfeeding?  **yes**  **no**

**Please circle any condition(s) that apply [past or current]**

- |                    |              |                         |
|--------------------|--------------|-------------------------|
| Arthritis          | Diabetes     | Whiplash Cancer         |
| High anxiety/Panic | Blood Clots  | Insomnia Scoliosis      |
| Surgery            | TMJ Disorder | Digestive Issues Stroke |
| Depression         | Headaches    | Heart Conditions Injury |

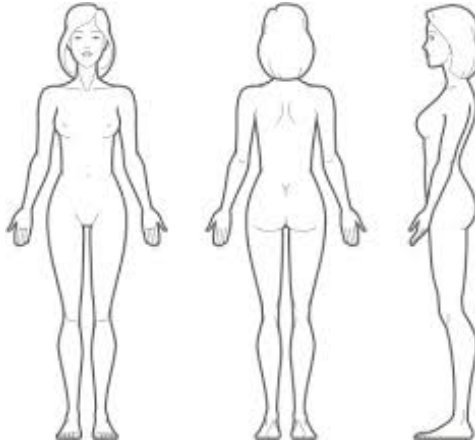
**What are your goals/expectations for today's session?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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**Please circle the main areas of discomfort below:**



## **Cancellation Policy:**

You are given the courtesy of canceling 12 hours before your scheduled appointment. If you cancel less than 12 hours or if you do not show up for your scheduled appointment, you are responsible to pay 50% of the original scheduled appointment cost. Sorry but there is no exception to this policy.

**Please initial that you understand and agree to this policy:** \_\_\_\_\_

Please read the following information and sign below:

1. 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 treatment.
2. I understand that essential oils have innate "intelligence" that aids in the body's healing ability. Therapeutic essential oils do not heal, but rather give the body healing compounds to strengthen my immune system.
3. I understand that this is a therapeutic massage and any sexual remarks, gestures or advances will automatically terminate the session and I will be responsible to pay the full amount for 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.**

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_