UNIFY
BODYWORK & MASSAGE

CLIENT HEALTH INTAKE FORM:

Name _____ Today's Date _____

Address_____ Date of Birth _____

_____ Occupation _____

Phone Daytime _____Cell_____

Email_____Is it okay to contact you via email? _____

In case of emergency contact_____phone_____

Primary Healthcare Professional:

Name_____phone_____

Other Therapies you are currently involved:

____Acupuncture/Acupressure ____Chiropractic ____Emotional ____ Herbalist ____Nutrition

____Physical Therapy ____ M.D./D.O. ____Naturopathy ____ Other explain_____

Medications you are currently taking and for what:

1._____ 2. _____

3._____ 4. _____

Current Conditions:

____Allergies - see below	_____Contacts	_____High/Low Bld pressure
____Arthritis	_____Diabetes	_____Numbness/pain
____Blood Clots	_____Dentures	_____Pregnant: Mos_____
____Bruises	_____Depression	_____Osteoporosis
____Bursitis	_____Epilepsy/seizures	_____Sprains/Strains
____Cancer/Tumors	_____Fatigue	_____Sleep Difficulty
____Clenching teeth	_____Fibromyalgia	_____Varicose veins

Do you suffer from Chronic Headaches? _____ Chronic Backaches _____

List any contagious diseases / skin problems: _____

Broken bones, surgery, whiplash or traumas:_____

_____

Julie Bittel, LMT, UNIFY Bodywork & Massage
7805 Inca Road, Larkspur CO 80118

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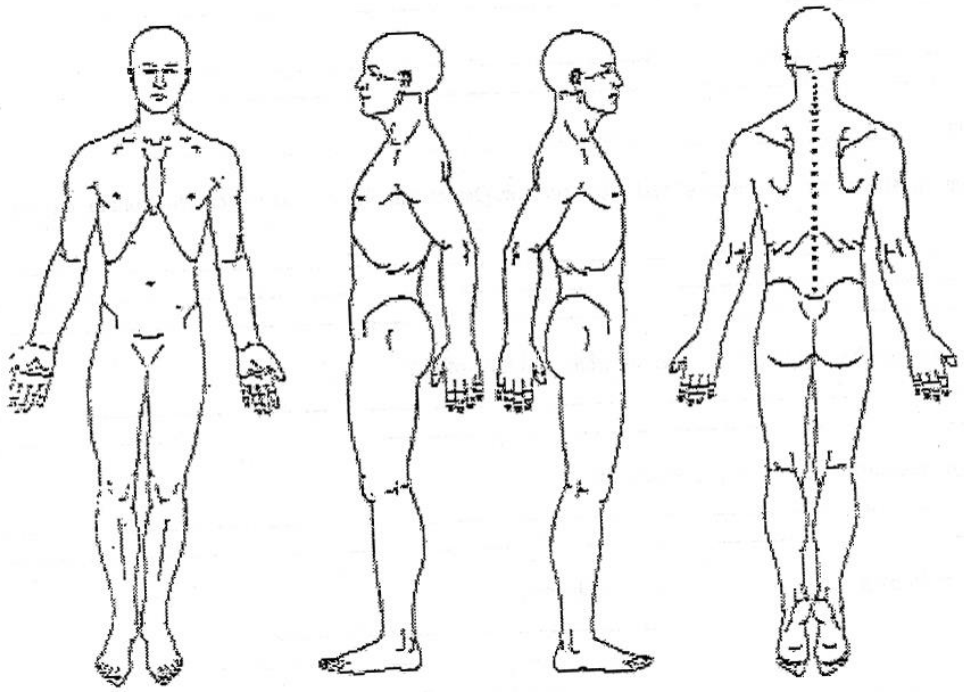
Exercise Habits: _____

Have you ever had a massage? _____Yes _____No If yes, how long ago? _____

Reason for getting a massage today:_____

Below, please circle areas that correspond to the places where you hold stress and/or tension and where you may be currently experiencing pain:



Please add anything else that your therapist should know before starting your massage:

_____

_____

Pressure Preference: Light / Medium / Firm

Sensitivity to Product: Y / N

Heat Ok? Y / N

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