

BODYWORK STUDIO

3514 NE 57th Avenue * Portland, Oregon 97213 * 503.680.1534
Jacki Dickinson, LMT #17685

Client Intake Form

All questions contained in this questionnaire are strictly confidential.

Client Information

Name _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone: (Cell) _____ (Wk) _____ Ext _____ (Hm) _____

May I contact you via email? Yes No Email: _____

Birth Date _____ Occupation _____

Emergency contact name and phone number _____

Phone: (Cell) _____ (Wk) _____ (Hm) _____

General Health Information

How are you feeling today? In Pain Not Good Fair Good Great

What are your typical daily activities (work, home, exercise)? _____

Do you receive massage on a regular basis? Yes No Last time? _____

What was the outcome? _____

What are your goals if any, for today's session? _____

Medical History

Are you currently under a physician's care (medical doctor, chiropractor, naturopath, osteopath) Yes No

If yes, for what condition? _____

Please list your care provider's name and phone number: _____

What substances are you currently taking (medications - prescribed or over the counter, nutritional supplements, herbs, alcohol, cigarettes or recreational drugs)? _____

Please list all injuries, illnesses, medical conditions you have now or have had in the past 5 years.

Surgeries: _____ Injuries: _____

Major Illnesses: _____ Medical Conditions: _____

Do you have a communicable disease or condition (cold/flu/fungus)? Yes No

If yes, please identify and state current condition: _____

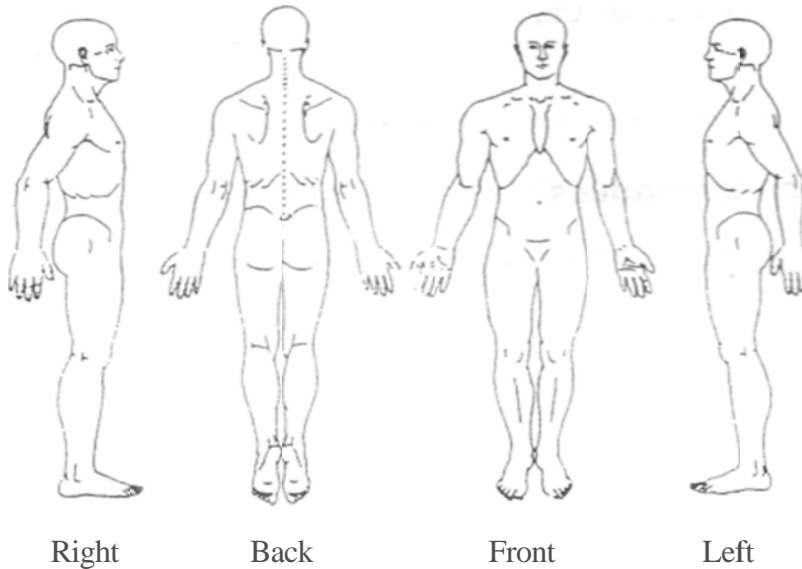
Ladies Only Section

Are you currently pregnant? Yes No Which trimester? 1^s 2nd 3rd

Have you discussed massage while pregnant with your physician? Yes No

Was massage while pregnant approved for you at this time? Yes No

Please use the diagram below to indicate areas of tension or discomfort



Are you currently experiencing any of the following? *If yes, please explain.*

Pain/Tenderness Yes Where? _____

Stiffness Yes Where? _____

Numbness/Tingling Yes Where? _____

Swelling Yes Where? _____

Allergies Yes (food/chemicals/medicines/latex)? _____

Please indicate areas of your body you **do not** want touched (feet/face/scars). _____

Client Acceptance of Terms and conditions

General Understanding

I understand that Bodywork/Massage Therapy is useful in maintaining wellness and is not in any way to be used instead of or in place of consulting a physician for diagnosis and treatment of any physical symptoms. There is no implied or stated guarantee or effectiveness of individual techniques or series of appointments.

I have stated all medical conditions that I am aware of and will inform my medical and massage practitioners of any changes in my health status.

Cancellation Policy

I understand that my scheduled appointments are reserved exclusively for me. I agree to call my therapist as soon as I know I cannot keep an appointment. All missed appointments and cancellations made after 24 hours preceding any scheduled appointment, will be billed at full price. I agree to be responsible for these charges, and payment will be made before the time of my next visit. If I miss two appointments without notice, my treatment will be terminated and I will pay full price for my missed appointments. I understand that this policy is in place to assist my massage therapist in providing the best possible care to me and all others who benefit from her services.

Informed Consent

By my signature, I verify that all information provided is true and correct to the best of my knowledge. I understand that in the therapy session(s) my comfort level will always come first and that I, or the therapist, may request the treatment to stop or change for any reason.

I agree to payment at the time of service by cash or check. I agree to pay a \$35 fee for any returned NSF checks.

I understand that I will receive a therapeutic massage from this massage therapist for the purpose of maintaining good health and physical condition. *Even though massage can be profoundly relaxing and health promoting, once in a while, a few side effects may occur: bruising or red patches (usually from Trigger Point or Deep Tissue therapy), dizziness/light headedness, muscle soreness or stiffness 24-48 hours after massage (usually from dehydration).* I hereby give my informed consent to receive therapeutic massage from Jacki Dickinson, LMT #17685.

Client Signature _____ Date: _____

Practitioner Signature _____ Date: _____

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