

HEALING SPACE INTAKE FORM

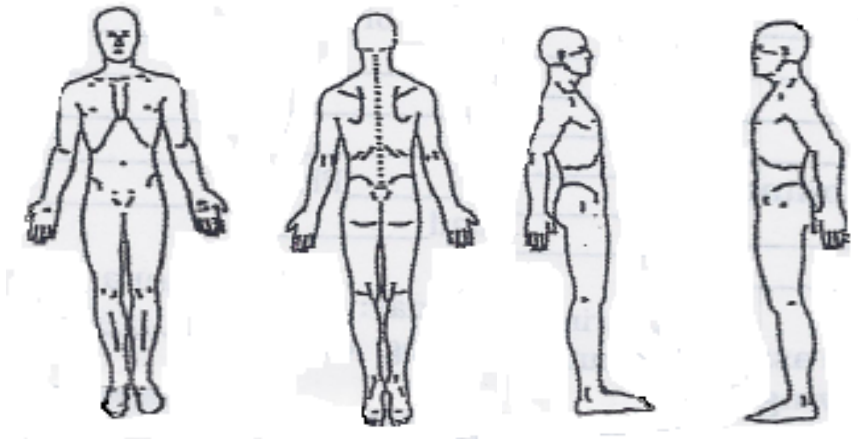
Date _____ Referred by _____
Name _____ Date of birth _____
Address _____ City _____ State _____ Zip _____
Phone (Hm) _____ (Wk) _____
Emergency Contact Person _____ Phone _____
Physician _____ Phone _____
Occupation _____ Email _____

Circle posture assumed most during course of the day: Standing/Stationary
Standing/Moving Sitting/Computer Sitting/Driving Other: _____
Have you had a professional massage before? YES or NO
Exercise (type, how often) _____
Rate your general energy level (1-10) _____
Rate your general stress level (1-10) _____
What are your major stressors? (Circle): Job Family Finances School Relationships
Health Other: _____
Where in your body do you hold your tension? _____
Please give dates and explain any previous injuries, traumas, illnesses, or surgical
procedures: _____
Are you currently under medical supervision? YES or NO
If yes, for what condition(s)? _____
Are you taking any medications? (Prescription, over the counter, herbal, etc.)

Please circle any of the following CHRONIC conditions you have:

Allergies (oils, lotions, herbs)	Cancer	Fibroids	Asthma
Headaches	Heart Disease	HIV+	Diabetes
High Blood Pressure	Depression	Spinal Problems	Osteoporosis
Low Blood Pressure	Anxiety	Arthritis	Digestion
Spider/Varicose Veins	Insomnia	PMS	Other:Specify

Please put an "x" in the areas that cause you the most pain or where you feel you hold tension.



I understand that the massage therapy and plant healing provided at ***Healing Space*** is for the purpose of stress reduction, relief from muscular tension or spasm, and for increasing energy, circulation and general well being. I understand that the massage therapist at ***Healing Space*** does not diagnose illness, disease, or any other physical or mental disorders. As such, the massage therapist does not prescribe medical treatment, medications or perform spinal manipulations. I understand that the massage therapist provides the service of therapeutic massage and plant healing only. I understand that massage therapy is not a substitute for medical examinations or treatment and that I should see a physician for any physical ailment(s) that I might have.

Because the massage therapist must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep my massage therapist updated on my physical health.

PLEASE NOTE THERE IS A 24 HOUR CANCELLATION POLICY. There is no charge for appointments canceled more than 24 hours in advance of the scheduled time. The first appointment canceled less than 24 hours ahead of time will not be charged but the client will be reminded of the cancellation policy. Subsequent cancellations will result in appointments being charged at full fee. Thank you for understanding.

Signature_____ Date_____