

CLIENT INTAKE FORM

FIRST NAME: _____ LAST NAME: _____

Home Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ Phone Number: _____

Birthdate: _____ Age: _____

MEDICAL INFO

Do you have any open cuts, bruises, rashes, or recent injuries?

YES NO

Do you have any history of repetitive injuries?

YES NO

Have you had a fever or felt ill in the past week?

YES NO

Are you on any controlled substance or medication?

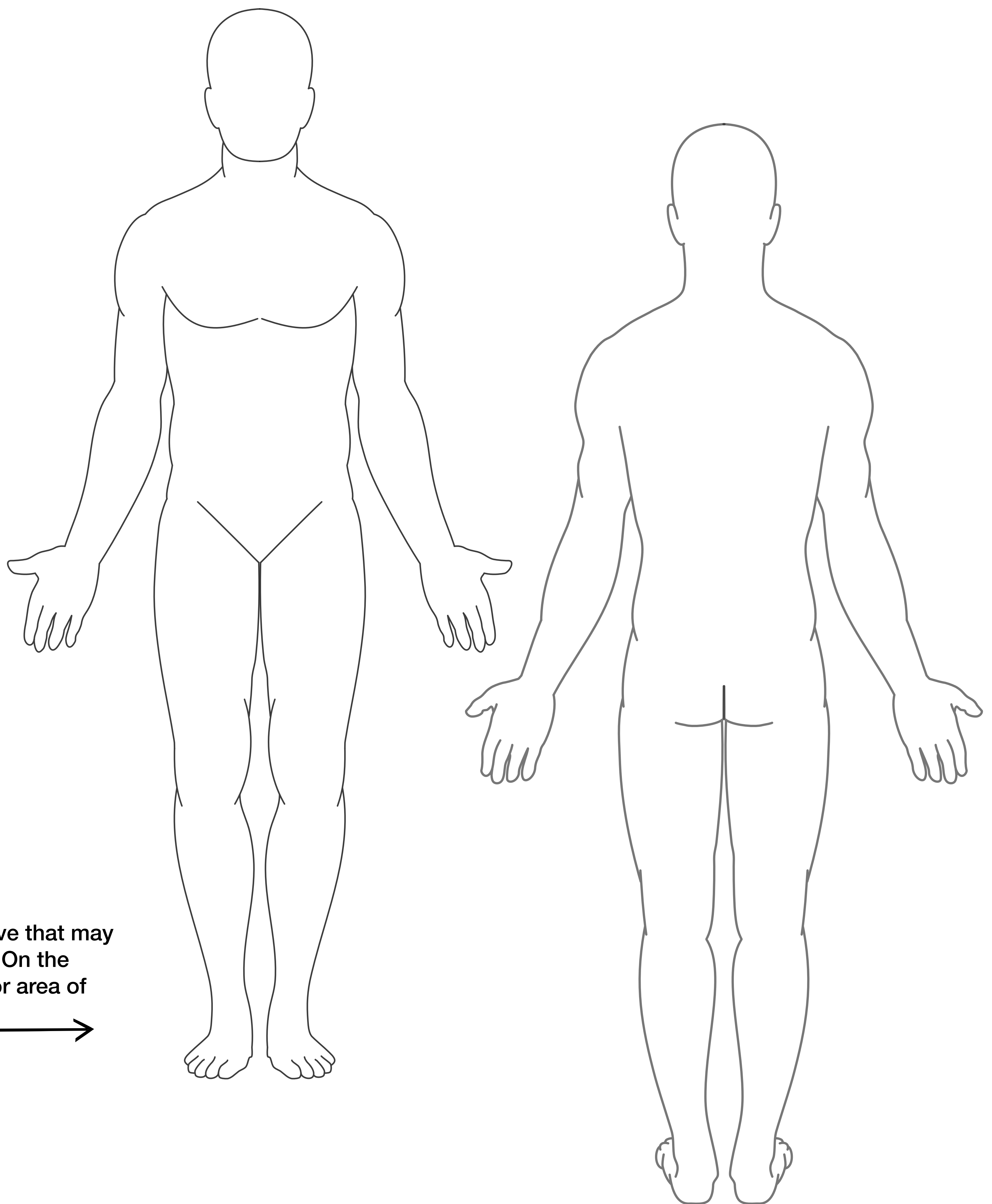
YES NO

Have you had any surgeries within the past 3 months?

YES NO

Are you currently experiencing any pain?

YES NO



*Please inform us of any other medical conditions you may have that may prevent you from performing movements or receiving therapy. On the diagram to the right, please indicate with (+) where your pain or area of concern is located.

CONSENT & LIABILITY

I fully understand that the session I am voluntarily participating in is provided for the basic purpose of licensed myofascial therapy and/or performance training. If I experience any pain or discomfort during the session, I will immediately inform the LMT/PT so that the technique may be adjusted to my level of tolerance. I further understand that any information I receive during the session should not be construed as a substitute for a traditional medical examination, diagnosis, or treatment and that I should consult a qualified medical professional for all other mental or physical ailments that I am aware. I understand that the LMT/PT is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness beyond their scope of practice, and that nothing said in the course of the session given should be construed as such. Because certain exercises or licensed myofascial therapy should not be performed under certain contraindications, I affirm that I have stated all my known medical conditions, and/or have a written physician release or referral and answered all questions honestly, and that there shall be no liability on the LMT/PT or other associated entities should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session and future sessions along with full payment of session fees will be due and non-refundable. By signing, I acknowledge that I have carefully read this agreement and will abide by the standards, requirements and policies.

SIGNATURE: _____

DATE: _____