

Bertram Healing Center, LLC

Body Work Client Intake Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Occupation: _____ Date of last body work: _____

Emergency Contact:

Name: _____ Relation: _____ Phone: _____

How did you hear about us?:

☐ Facebook ☐ Internet ☐ Chamber of Commerce ☐ Friend (Name): _____

Main reason for treatment today: _____

Please list any medication you are taking? _____

Is there any medical reason you should not receive body work today? _____

Are you pregnant? _____ If so how many months? _____

Have you been diagnosed with any disease? _____ If so, please list: _____

Any recent: Injury? _____ Illness? _____

List any surgeries you have had: _____

Do you have any allergies to lotions, oils, etc.? _____ List: _____

ADD ON

Cupping Therapy: \$20/session

Aromatherapy Essential Oil: \$10/each

Please mark what you would like:

<input type="checkbox"/> Detox	<input type="checkbox"/> Recharge	<input type="checkbox"/> Soothe
<input type="checkbox"/> Invigorate	<input type="checkbox"/> Relax	<input type="checkbox"/> Unwind

You need to drink plenty of water before and after any bodywork to help rid the body of toxins released during the bodywork. Please understand that you may have emotional releases, such as crying, which is normal. The tissues in the body do hold emotions. It is normal to sometimes be sore 1 to 4 days after treatment.

The therapist is not able to diagnose. Your doctor is the only one who can give you a diagnosis. The therapist will use several different techniques to help resolve any problems you may have. If you have a problem with any part of the treatment, please, let the therapist know immediately. Treatment will be stopped at your request.

I acknowledge the 24-hour cancellation policy for massage and Bowen therapy and agree to make full payment if less than 24 hours notice is given for a missed appointment.

By signing this, you are giving permission for treatment and acknowledge Bertram Healing Centers cancellation policy.

Client Signature: _____ Date: _____

Therapist Signature: _____ Date: _____