

Davede Varner
NC Licensed Massage & Bodywork Therapist #4209
Client Intake Form

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Date of Birth: _____

In case of emergency: _____ Phone: _____

How did you hear about me? _____

General & Medical Information:

- | | | | | | |
|-----|----|--|-----|----|---|
| Yes | No | Have you ever had a professional massage? | Yes | No | Have you had any broken bones in the past 2 years? |
| Yes | No | Do you experience frequent headaches? | Yes | No | Do you have tension or soreness in a specific area? |
| Yes | No | Are you pregnant? | Yes | No | Do you have cardiac or circulatory problems? |
| Yes | No | Are you diabetic? | Yes | No | Do you suffer from phlebitis or varicose veins? |
| Yes | No | Are you currently taking blood thinners? | Yes | No | Do you have numbness or stabbing pains? |
| Yes | No | Do you have high blood pressure? | Yes | No | Are you sensitive to touch / pressure in any area? |
| Yes | No | If yes to above, are you taking medications? | Yes | No | Have you ever had surgery? |
| Yes | No | Do you suffer from seizures or epilepsy? | Yes | No | Are you allergic to anything or on any other medications? |

If you answered "yes" to any of the above, please explain as clearly as possible:

Cancellation Policy:

- Please allow 24 hours notice of cancellation.
- Missed appointments without notice are charged 100% of the session scheduled.
 - Cancellations within 24 hours are charged \$30.
- By submitting this intake form, I agree to the above stated terms & conditions.