

# New Client CONFIDENTIAL INTAKE FORM

Consent to our use our far infrared sauna treatment is conditional upon providing accurate answers to the following questions and signing this agreement. **If you have any health concerns, we highly recommend you consult a doctor prior to use.**



CatoriWellness605.com

Name \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

## Medical History CHECK, CIRCLE OR LIST ALL THAT APPLY

Reason for Today's Visit \_\_\_\_\_ Had a Professional Massage Before?  Yes  No

Preference during your session?  Light Conversation  Quiet Session Referred By \_\_\_\_\_

Preferred Depth of Pressure:  Light/Gentle (Relaxing)  Medium (Purposeful)  Firm or Deep (Therapeutic)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Allergies _____   | <input type="checkbox"/> Flu Shot Within Last 48 hours                    | <input type="checkbox"/> Sciatic Nerve Pain _____<br>(Left, Right or Both Hips)  |
| <input type="checkbox"/> Arthritis _____   | <input type="checkbox"/> Headaches _____<br>(How Often?)                  | <input type="checkbox"/> Seizures / Epilepsy / Brain Injuries  |
| <input type="checkbox"/> Bursitis _____  | <input type="checkbox"/> Hearing Aid(s)                                   | <input type="checkbox"/> Skin Conditions / Sensitivities<br>_____  |
| <input type="checkbox"/> Artificial Joints / Implants / Pins / Rods<br>_____<br>(Located?) | <input type="checkbox"/> Heart / Circulatory Condition                    | <input type="checkbox"/> Stress / Anxiety  |
| <input type="checkbox"/> Asthma / COPD   | <input type="checkbox"/> Joint Issues _____                               | <input type="checkbox"/> TMJ / Teeth Clenching / Grinding  |
| <input type="checkbox"/> Back / Spine Conditions   | <input type="checkbox"/> Low Back Pain                                    | <input type="checkbox"/> Varicose Veins _____<br>(Located?)  |
| <input type="checkbox"/> Blood Clots _____   | <input type="checkbox"/> Physical Therapist _____<br>(How Often?)         | <input type="checkbox"/> Is there anything else you would like<br>us to know about you? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Blood Pressure _____<br>(High or Low)                             | <input type="checkbox"/> Pregnant _____<br>(Number of Weeks / Due Date)   | _____<br>_____   |
| <input type="checkbox"/> Bruise Easily   | <input type="checkbox"/> Recent Surgeries _____<br>(Within the Last Year) | _____<br>_____   |
| <input type="checkbox"/> Chiropratic Care _____<br>(Doctor)                                |   | (Use the back of this page if you need<br>more space to write)   |
| <input type="checkbox"/> Diabetes _____<br>(Type 1 or Type 2)                              |   |  |

I understand that certain medical conditions or symptoms may contraindicate massage/bodywork. In some cases a referral from my primary care provider may be required before services can be provided. By signing below, I affirm that I have disclosed all my known medical conditions and answered all questions thoroughly and honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that my failure to do so releases the therapist from any liability. I further understand that massage/bodywork acts on the tissues of the body and cannot substitute for the examination, diagnosis or treatment by a medical doctor, chiropractor, mental health professional, or other qualified practitioner. **Finally, I understand that I am responsible for communicating to the therapist any adjustments to pressure, technique or body region necessary to maintain my level of comfort.** THIS IS A PROFESSIONAL MASSAGE SETTING; any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_