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.***

Catori WELLNESS
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)*

☐ Allergies _____

☐ Arthritis _____

☐ Bursitis _____

☐ Artificial Joints / Implants / Pins / Rods

_____
(Located?)

☐ Asthma / COPD

☐ Back / Spine Conditions

☐ Blood Clots _____

☐ Blood Pressure _____
(High or Low)

☐ Bruise Easily

☐ Chiropractic Care _____
(Doctor)

☐ Diabetes _____
(Type 1 or Type 2)

☐ Flu Shot Within Last 48 hours

☐ Headaches _____
(How Often?)

☐ Hearing Aid(s)

☐ Heart / Circulatory Condition

☐ Joint Issues _____

☐ Low Back Pain

☐ Physical Therapist _____
(How Often?)

_____
(Reason?)

☐ Pregnant _____
(Number of Weeks / Due Date)

☐ Recent Surgeries _____

_____
(Within the Last Year)

☐ Sciatic Nerve Pain _____
(Left, Right or Both Hips)

☐ Seizures / Epilepsy / Brain Injuries

☐ Skin Conditions / Sensitivities

_____
(Brief Description)

☐ Stress / Anxiety

☐ TMJ / Teeth Clenching / Grinding

☐ Varicose Veins _____
(Located?)

☐ Is there anything else you would like us to know about you? ☐ Yes ☐ No

_____

_____

_____
(Use the back of this page if you need more space to write)

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.

Signature _____ **Date** _____

Emergency Contact_____ Relationship_____ Phone_____