

CLIENT INTAKE FORM

PLEASE FILL THIS FORM OUT COMPLETELY. FAILURE TO PROVIDE COMPLETE HEALTH INFORMATION MAY RESULT IN UNWANTED SIDE EFFECTS AND IS NOT THE RESPONSIBILITY OF THE THERAPIST.

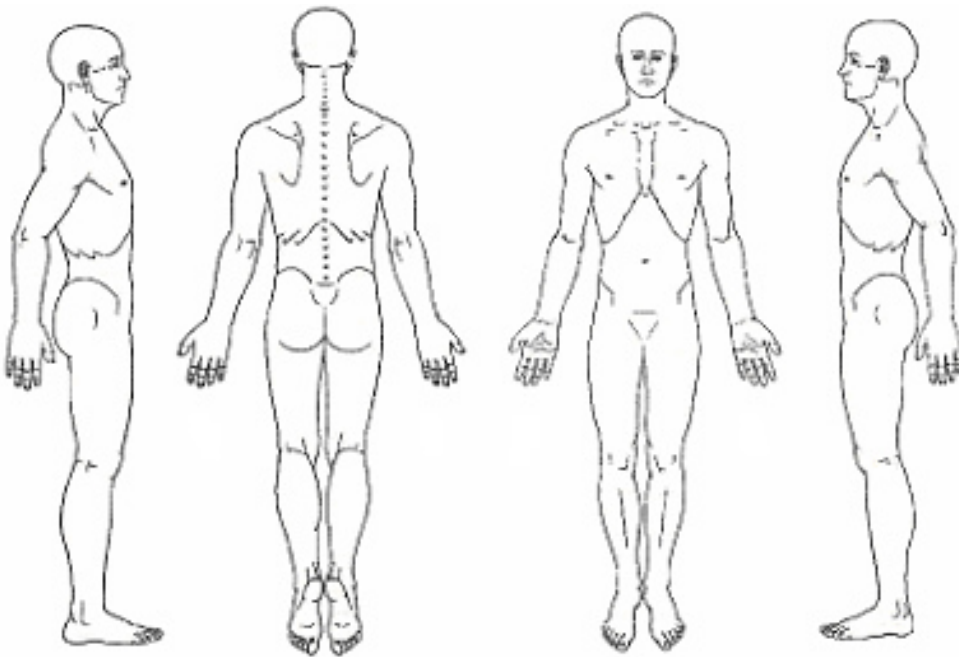
FULL NAME _____ DOB _____

OCCUPATION _____ REFERRED BY _____

ADDRESS _____ EMAIL _____

STATE _____ ZIP _____ PHONE _____

PLEASE DRAW ON THIS IMAGE TO SHOW US WHERE YOU EXPERIENCE DISCOMFORT:



Rainforest Bodyworks

PLEASE DESCRIBE YOUR TOP TWO PROBLEM AREAS AND TYPE OF DISCOMFORT (SHARP PAIN, DULL PAIN, NUMBNESS, DECREASED RANGE OF MOTION, ETC.)

WHEN RATING YOUR DISCOMFORT, 10 IS THE WORST IT COULD POSSIBLY BE.

AREA 1: _____

ON A SCALE OF 1 - 10 - RATE YOUR DISCOMFORT: _____

WHAT MAKES IT BETTER? _____ WORSE? _____

AREA 2: _____

ON A SCALE OF 1 - 10 - RATE YOUR DISCOMFORT: _____

WHAT MAKES IT BETTER? _____ WORSE? _____

WHAT IS YOUR PRIMARY GOAL FOR SEEING US TODAY? _____

HOW LONG HAS THIS BEEN A CONCERN? _____

WHAT OTHER THERAPIES HAVE YOU TRIED? _____

WHAT KIND OF EXERCISE & HOW OFTEN? _____

HAVE YOU HAD DEEP-TISSUE MASSAGE BEFORE? Y / N **CUPPING?** Y / N

PLEASE CHECK ANY OF THE FOLLOWING THAT APPLY TO YOU:

- | | | |
|--|---|---|
| <input type="checkbox"/> RECENT CANCER TREATMENT | <input type="checkbox"/> FIBROMYALGIA | <input type="checkbox"/> HEADACHES/MIGRAINES |
| <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> DIABETES | <input type="checkbox"/> HEART ATTACK / STROKE |
| <input type="checkbox"/> KIDNEY DYSFUNCTION | <input type="checkbox"/> BLOOD CLOTS | <input type="checkbox"/> JOINT REPLACEMENT |
| <input type="checkbox"/> HIGH / LOW BLOOD PRESSURE | <input type="checkbox"/> SPRAIN/STRAIN | <input type="checkbox"/> ON BLOOD THINNERS |
| <input type="checkbox"/> NEUROPATHY | <input type="checkbox"/> HERNIATED DISK | <input type="checkbox"/> SCIATICA |
| <input type="checkbox"/> NUMBNESS / TINGLING | <input type="checkbox"/> LIVER DISEASE | <input type="checkbox"/> HIV / AIDS, OR OTHER
CONTAGIOUS CONDITION |

PLEASE LIST ALL MEDICATIONS & THEIR PURPOSE:

ARE YOU ALLERGIC TO ANY SCENTS / OILS / LOTIONS? _____

ARE YOU CURRENTLY PREGNANT? Y / N **IF SO, HOW MANY WEEKS?** _____

I, _____ (**PRINT YOUR NAME**) AFFIRM THAT I HAVE PROVIDED ALL OF THIS INFORMATION TRUTHFULLY, AND WILL INFORM MY THERAPIST IF ANYTHING ABOUT MY HEALTH OR LIFESTYLE CHANGES. I HEREBY GIVE MY THERAPIST PERMISSION TO PERFORM CUPPING THERAPY IF IT WILL BENEFIT ME. I UNDERSTAND THAT IF I OMIT ANY HEALTH INFORMATION THAT MAY CONTRAINDICATE CUPPING THERAPY, I HEREBY RELEASE ALL LIABILITY FROM MY THERAPIST AND **RAINFOREST BODYWORKS** FOR ANY NEGATIVE SIDE EFFECTS THAT MAY OCCUR FROM NEGLECTING TO PROVIDE THIS INFORMATION. I AM AWARE THAT MASSAGE THERAPY AND CUPPING THERAPY ARE NOT REPLACEMENTS FOR MEDICAL CARE, AND MY THERAPIST CAN NOT PREVENT, DIAGNOSE, OR TREAT ANY DISEASE. I UNDERSTAND THAT THIS IS A PROFESSIONAL FACILITY AND ANY REMARKS OR ACTS WHICH SOLICIT ILLEGAL SERVICES WILL RESULT IN TERMINATION OF MY SESSION AND PAYMENT IN FULL.

I UNDERSTAND THAT I SHOULD EAT HEALTHY FOODS AND STAY HYDRATED PRIOR TO AND IN THE 24 HOURS FOLLOWING MY SESSION IN ORDER TO AVOID SORENESS, NAUSEA, OR DIZZINESS. I UNDERSTAND I SHOULD GIVE MYSELF LOTS OF TIME TO REST AND RELAX AFTER MY SESSION TO AVOID INJURY. I WILL TAKE MY THERAPIST'S SELF-CARE ADVICE SERIOUSLY, AND UNDERSTAND IT IS NOT THE FAULT OF MY THERAPIST IF MY DECISION TO DISREGARD THEIR ADVICE RESULTS IN DISCOMFORT.

SIGNATURE: _____ **DATE:** _____

THERAPIST SIGNATURE: _____ **DATE:** _____

Cancellation Policy & Late Arrivals

Please arrive 5-8 minutes prior to your appointment start time to ensure there is plenty of time to walk up to the treatment room, use the facilities if needed, disrobe, and be on the table at your scheduled start time. It is the client's responsibility to decide how much time you may need to guarantee you are ready on the table at your scheduled appointment start time.

Late Arrivals

In respect for all clients scheduled throughout the day, treatment times cannot be extended due to appointment tardiness.

Please send a courtesy text message if you know you will be arriving late. If you are more than 15 minutes late for your scheduled appointment, you will be considered a no-show which is outlined as follows:

- Rainforest Bodyworks requires 24 hours' notice to cancel or reschedule an appointment. Without providing a 24 hours' notice, the appointment is 100% non-refundable.
- As a prescheduled client who has already paid, you can fill your appointment time with a female friend or family member that can take your place/payment responsibilities within the 24-hour time period. *If they no-show or cancel you will still be responsible for payment as the original appointment holder.

Frequently rescheduling or cancelling your appointments, even with adequate notice, will result in no longer being allowed to book in advance. You will be placed on a waitlist for cancellations.

Please also refrain from wearing heavy fragrances or smoking on the way to your appointment. I have sensitivity to strong fragrances and especially cigarette smoke.

Thank you in advance!

SIGNATURE:

DATE: