

Entire Recovery Bodyworks, LLC
Mobile Massage Therapy
Website: www.erbodyworks.com
Email: erbodyworks@gmail.com
Text: 571-245-4638



Client Intake Form

Name:		DOB:		Age:	
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Address:	
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Phone No.		Occupation:	
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Email:	
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Medical History

Are you pregnant or nursing? ☐ No ☐ Yes

Have you consumed alcohol in the last 24 hours? ☐ No ☐ Yes

Do you currently or have had any history of allergies, cancer, cardiac or vascular problems, abdominal operations, high or low blood pressure, organ transplants, blood disorders, infectious or contagious diseases, kidney or liver disease, thrombosis or thrombophlebitis, hemophilia, photosensitivity, diabetes, autoimmune diseases, epilepsy, thyroid disorder, or other medical condition not listed above?

☐ No ☐ Yes

Have you ever experienced a car accident or other injury resulting in any of the following: whiplash, headaches, neck pain, shoulder pain, stiffness, upper back pain, mid-back pain, lower back pain, broken bones, sprains, and limited range of motion?

☐ No

☐ Yes

Please list any medical conditions above mentioned or otherwise:

Please list any medications, herbs, or supplements; oral, topical, and/or transdermal:

Social Habits

Do you exercise regularly?

☐ No

☐ Yes

Do you smoke tobacco products?

☐ No

☐ Yes

Do you consume alcohol?

☐ No

☐ Yes

Do you follow a specific diet?

☐ No

☐ Yes

How is your daily water intake?

☐ Low

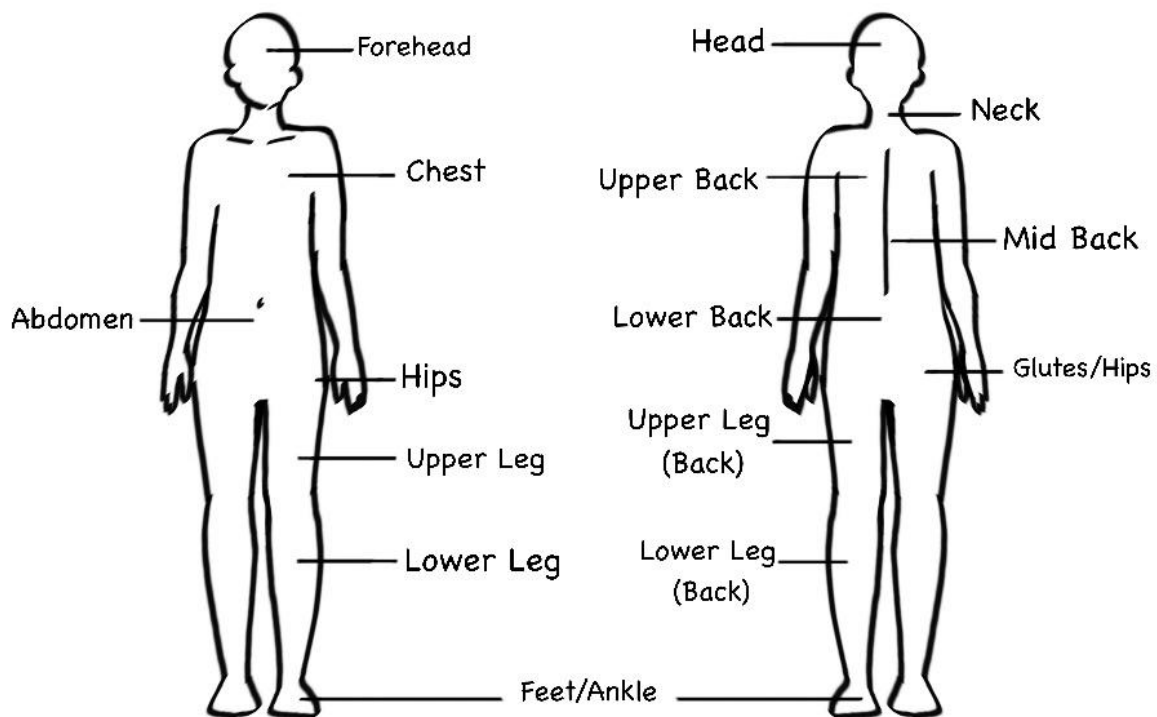
☐ Moderate

☐ High

Goals

What are your goals through massage?

On a scale of 1-10, 1 being none and 10 being severe, how much pain/discomfort are you in general?



I understand that massage is not a replacement for medical care and that no medical diagnosis will be made. Because massage and bodywork therapy may be contraindicated due to certain medical conditions, I affirm that I have informed the therapist of all known medical conditions and will keep the therapist updated as to any changes in my medical condition going forward. If I experience any pain or discomfort during the session, I will immediately inform the therapist so that the

pressure and/or manipulations, draping or environment may be adjusted to my level of comfort.

Name/Signature: _____ Date: _____

CLIENT BEHAVIOR - Any illicit or sexually suggestive comments or actions made by me will result in immediate termination of the session and I am responsible for full payment.

Name/Signature: _____ Date: _____

24 HOUR CANCELLATION POLICY - Should I cancel an appointment with less than 24 hours notice, I authorize Entire Recovery Bodyworks LLC to charge my VISA/MC/Amex/Discover Card, the one used for reserving my appointment online, for a \$35 cancellation fee.

Name/Signature: _____ Date: _____

I hereby invite Entire Recovery Bodyworks LLC and massage therapist to provide their services and parking within a suitable range of my home or office.

Name/Signature: _____ Date: _____

I have completed this intake and consent form to the best of my knowledge. I hereby voluntarily release Entire Recovery Bodyworks LLC and therapist from any liability should my condition be aggravated at any time. By printing my name below, I agree that I have read the information above and have decided to receive a massage.

Name/Signature: _____ Date: _____