

# **Bodypeace**

## CLIENT INTAKE INFORMATION

Today's Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Phone Number(s) \_\_\_\_\_ Relationship to you \_\_\_\_\_

Please list all health care providers (traditional and integrative/complimentary)

### HEALTH HISTORY

Your answers to the following questions provide information that is helpful for learning about your overall health and wellbeing, as well as offering a "snapshot" of your body's current condition.

Please scan your body – head to feet – and describe any past injuries, illnesses, conditions. Please include treatments received and dates: ie. age 7, fell off bicycle, 12 stitches in my right arm. (Use back of form, if necessary)

Please describe your current state of health:

What physical activities do you participate in, and how frequently?

How do you relax/unwind/focus?

What forms of massage therapy/bodywork have you experienced in the past?

Why are you seeking bodywork/massage therapy at this time?

Any additional information that you would like to share:

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

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