

INTAKE FORM — PF DUMANIS STRUCTURAL BODYWORK

PERSONAL INFORMATION — *all information on this form is kept strictly confidential*

Full Name:

Today's Date:

Gender (and pronoun if applicable):

Street Address:

Phone:

Email:

Height:

Weight:

Birth Date:

Occupation:

Emergency Contact:

Referred By:

What are your goals for today's session?

CONTRAINDICATIONS — *please answer truthfully and to the best of your knowledge*

Please list injuries and surgeries:

Any sensitive or tender muscles that should be avoided today?

Are you pregnant?

Any open cuts or sores today?

Any contagious diseases?

Any cold or flu symptoms today?

Migraine headache today?

Do you receive chiropractic work? How often?

Are you currently taking any medications?

PREFERENCES — *check all that apply, or leave blank if no preference*

Focus: Alignment & Mobility Relaxation Energy Work (CranioSacral Therapy, Jin Shin Jyutsu®)

Music: Eclectic Mix Ambient Electronica Classical Piano Other: _____

Aroma: Lavender Vanilla None

CLIENT SIGNATURE — *please read and then sign below*

I have answered all above questions truthfully. I understand that bodywork is not a substitute for medical examination, diagnosis and treatment. I understand that this is a therapeutic session; any sexual remarks or advances will terminate the session and I will be responsible for full payment.

Signature: _____