

## Kelly Conlin Bodywork // Intake Form

Today's date: \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth \_\_\_\_\_ Occupation: \_\_\_\_\_

Email address (reminder emails will be sent to this address) \_\_\_\_\_

Phone number (Cell/home/work?) \_\_\_\_\_ May we text you? Y / N

Home address \_\_\_\_\_ Apt. \_\_\_\_\_

City, state, zip code \_\_\_\_\_

Emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Hobbies, sports, fitness activities: \_\_\_\_\_

What brings you here today? \_\_\_\_\_

What are your goals for your session? \_\_\_\_\_

- ☐ Bruise easily
- ☐ Athlete's foot
- ☐ Infectious skin condition
- ☐ Hepatitis
- ☐ Cancer
- ☐ Fibromyalgia
- ☐ Autoimmune disorder
- ☐ Osteoarthritis
- ☐ Rheumatoid arthritis
- ☐ Recent injury or surgery
- ☐ Explain: \_\_\_\_\_
- ☐ Edema
- ☐ Implants: \_\_\_\_\_
- ☐ Artificial joints

### Existing conditions:

- |   |   |
|---|---|
| <input type="checkbox"/> Blood clots              | <input type="checkbox"/> Headaches                    |
| <input type="checkbox"/> High blood pressure      | <input type="checkbox"/> Diabetes                     |
| <input type="checkbox"/> Low blood pressure       | <input type="checkbox"/> Dizziness                    |
| <input type="checkbox"/> Pacemaker                | <input type="checkbox"/> Allergies: _____             |
| <input type="checkbox"/> Varicose veins           | <input type="checkbox"/> Mental illness               |
| <input type="checkbox"/> Congestive heart failure | <input type="checkbox"/> Anaphylaxis                  |
| <input type="checkbox"/> Phlebitis                | <input type="checkbox"/> Epilepsy                     |
| <input type="checkbox"/> Heart attack             | <input type="checkbox"/> Loss of or lowered sensation |
| <input type="checkbox"/> Lymphedema               | <input type="checkbox"/> Shingles                     |
| <input type="checkbox"/> Stroke                   | <input type="checkbox"/> Multiple Sclerosis           |
| <input type="checkbox"/> Heart disease            | <input type="checkbox"/> Herniated disc               |
| <input type="checkbox"/> Vertigo                  | <input type="checkbox"/> Back surgery                 |
| <input type="checkbox"/> Thrombosis/Embolism      | <input type="checkbox"/> Stress                       |
| <input type="checkbox"/> Osteoporosis             |   |

Any allergies relevant to massage? (Scents, nut oils, essential oils, etc.) \_\_\_\_\_

Any other medical conditions not listed above? \_\_\_\_\_

Please list your medications \_\_\_\_\_

Any chance you could be pregnant? Y / N

Do you have any difficulty lying:

\_\_\_ On your back  
\_\_\_ in general  
\_\_\_ for a certain amount of time  
how long? \_\_\_\_\_

\_\_\_ On your belly  
\_\_\_ in general  
\_\_\_ for a certain amount of time  
how long? \_\_\_\_\_

\_\_\_ On your side ( L / R / B )  
\_\_\_ in general  
\_\_\_ for a certain amount of time  
how long? \_\_\_\_\_

Do you have pain/issues in:  
(left/right/both/mid)

\_\_\_ Feet L/R/B  
\_\_\_ Ankles L/R/B  
\_\_\_ Knees L/R/B  
\_\_\_ Hips L/R/B  
\_\_\_ Legs L/R/B  
\_\_\_ Low back L/R/B/M  
\_\_\_ Midback L/R/B/M  
\_\_\_ Upper back L/R/B/M  
\_\_\_ Neck L/R/B/M  
\_\_\_ Shoulders L/R/B  
\_\_\_ Elbows L/R/B  
\_\_\_ Hands L/R/B  
\_\_\_ Arms L/R/B

Sensations:

\_\_\_ Burning  
\_\_\_ Numbness  
\_\_\_ Tingling  
\_\_\_ Stabbing  
\_\_\_ Radiating  
\_\_\_ Shooting  
\_\_\_ Deep ache  
\_\_\_ Dull ache  
\_\_\_ Weakness

Signature \_\_\_\_\_ Date: \_\_\_\_\_

#### Client waiver:

- I certify that the above information is true and accurate.
- I understand that massage therapy is provided for stress reduction, relaxation, relief from muscular tension, and improvement of circulation and energy flow.
- If I experience pain or discomfort during the session, I will immediately inform my therapist so that pressure/strokes can be adjusted to my level of comfort. I will not hold my therapist responsible for any pain or discomfort I experience during or after the session.
- I understand that the services offered today are not a substitute for medical care. I understand that my therapist is not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat physical or mental illness.
- I affirm that I have notified my therapist of all known medical conditions and injuries.
- I agree to inform the therapist of any changes in my health and medical condition. I understand that there shall be no liability on the therapists's part should I forget to do so.
- I understand that massage is entirely therapeutic and non-sexual in nature.
- By signing this release, I hereby waive and release my therapist from any and all liability, past, present and future relating to massage therapy and bodywork.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Kelly Conlin Bodywork // Cancellation Policy

Kelly Conlin Bodywork appreciates that you chose our office for your massage and bodywork session. It is our absolute intention to provide top notch and personal care. In order to do that, the time that you scheduled is time set aside only for you. We understand that issues occur to cause lateness or the need to cancel or reschedule, and ask that you adhere to the following standards to help us run our practice smoothly and give you the best possible service.

### Lateness:

Please call and let us know if you are running late. We will do our best to accommodate you. We generally can work with a 5 minute delay; however, at 10-15 minutes late or more, we will likely have to shorten your session by that amount of time. Full price will be charged for the actual scheduled time. In return, we will make sure we are on time, and if for some reason we are not, we will give you the time back or adjust the price of the session.

### Cancellation and Rescheduling:

Because we set aside your scheduled time just for you, have other clients to consider, and need to maintain a smoothly running business, we find it necessary to charge for appointments that are canceled or rescheduled at the last minute.

If you need to cancel or reschedule your appointment, we ask that you give **24 hours notice**. **Anything less than that is considered a last minute cancellation or reschedule.** Text, voice, and email are all acceptable means of notice.

**In the case of a last minute reschedule, your card on file will be automatically charged \$45.00.**

**In the case of a last minute cancellation or no show, your card on file will be automatically charged the full price of the missed session. For insurance patients, the charge is \$85.00.**

If for some reason there is no card on file, the fee is due at your next session, or upon receipt of invoice.

In the unlikely case that we must cancel or reschedule your appointment with less than 24 hours notice, you will receive a session of equal length of your scheduled appointment, gratis.

Thank you for your understanding, and we look forward to serving you.

I certify that I have read and agree to the cancellation policy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_