

Season Day Spa

Client Intake Form – Bodywork / Foot Reflexology

Personal Information:

Name _____ Primary Phone _____

Address _____ City/State/Zip _____

Email _____ Date of Birth _____ Occupation _____

Emergency Contact _____ Phone _____

The following information will be used to help plan safe and effective Bodywork sessions. Please answer questions to the best of your knowledge.

1. How would you rate the current state of your health: Excellent Good Fair Poor
2. Are you currently under a doctor's care? If yes, please explain: _____
3. For women, are you pregnant? Yes/No If yes, how many weeks? _____
4. List other therapies besides conventional medicine or chiropractics in which you are currently participating: _____
5. Are you taking any medication? If so, what? _____

6. List previous major illnesses, accidents, surgeries or broken bones: _____
7. Are you experiencing any problems with your feet? If yes, please explain: _____
8. Where is tension most evident in your body? _____
9. Have you experienced Bodywork/Massage before? If yes, how often: _____
10. Do you have any specific goals for our session? _____

By signing this form, I give my consent to a Bodywork session. I understand that I may discontinue a session or sessions at any time. If I have been diagnosed by a licensed health professional as having any disease, injury or other physical or mental condition, I understand that I should inform the person who made the diagnosis, about the session I will be receiving, and whether or not I intend to discontinue any treatment or therapy which had been previously ordered, prescribed or recommended by a licensed health professional. I understand that by discontinuing any such treatment or therapy, I assume responsibility for any negative outcome resulting from discontinuing that treatment or therapy.

Signature _____ Date _____

Print Name _____