

High Vibe Massage & Bodywork

123 Paoli Pike

Paoli, PA 19301

## New Client Intake Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (best # to reach *you* directly): \_\_\_\_\_

Emergency contact name & number: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ Relation: \_\_\_\_\_

Email: \_\_\_\_\_ (for newsletters & studio info)

Age \_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_

Your occupation: \_\_\_\_\_

Do you exercise? \_\_\_ If so, what do you do? \_\_\_\_\_

What do you do for relaxation? \_\_\_\_\_

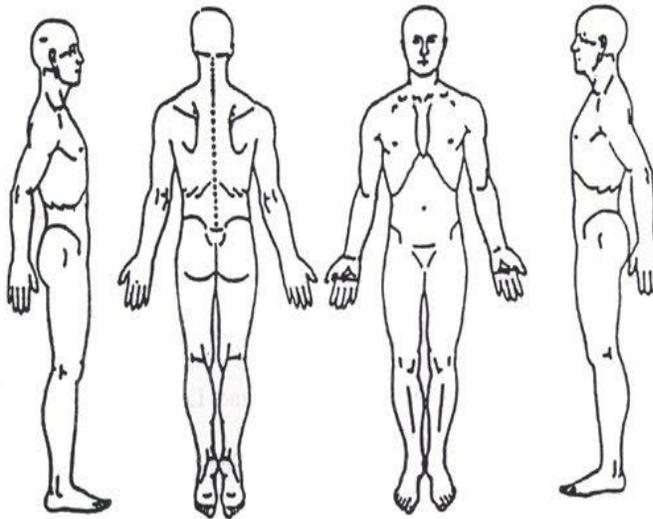
Are you pregnant? \_\_\_ *If so*, you must be past your 1<sup>st</sup> trimester to be treated.

Have you received previous massage work? \_\_\_\_\_

Reasons /expectations for massage therapy: \_\_\_\_\_  
\_\_\_\_\_

Any specific areas you would like worked on? Please indicate:  
\_\_\_\_\_  
\_\_\_\_\_

***\*Please circle areas you want to be worked on:***



Are there any traumas you've experienced (accident, fall, surgery, pregnancy etc.) within the last 2 years? \_\_\_\_\_  
\_\_\_\_\_

Any allergies? \_\_\_\_\_

Are you sensitive to essential oils/menthols/ or any scents? \_\_\_\_\_

Are you taking any prescription drugs that would interfere with your massage treatment?  
(ex. blood thinners)

\_\_\_\_\_

\*Is there anything else I should know regarding your health & well being?  
\_\_\_\_\_

The following sometimes occur during massage. They are normal responses to relaxation and/or touch, and need not be embarrassed nor suppress them. Movement or release of intestinal gas - crying - laughing - strong emotions - sighing - yawning - softening of muscle tissue - cognitive or felt memories – digestive movement - need to move or change position. Open communication for something such as this is always encouraged so you can get the most out of your session.

I understand that the services provided are not a replacement for medical or psychological care and that any information provided is not prescriptive or diagnostic in nature and is for educational purposes only. I also give my permission for the Licensed Massage Therapist with whom I work to discuss information pertinent to my condition(s) and treatment, with my other health care providers (\*optional)

Client's Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Please share how you were referred to High Vibe Massage & Bodywork:

\_\_\_\_\_

~ *Let's get started* ~