

CLIENT INTAKE FORM

Name: _____
D.O.B _____/_____/_____
Occupation: _____
Cell Phone: _____-_____-_____
Home Phone: _____-_____-_____
ADDRESS: _____
City: _____ State: _____ Zip: _____
E-Mail: _____@_____
Emergency Contact: _____
Relationship: _____ Cell Phone: _____--____--_____



106 North Main St. (Rt.9)
CMCH, NJ 08210
609.465.4200

Male: [] Female: []
How would you rate your stress level? LOW [] MEDIUM [] HIGH []

Have you ever had a massage before? YES [] NO []

Reason for this appointment?: _____
How much water do you drink a day?: _____
Do you exercise regularly? YES [] NO []
Specify: _____
Are you basically in good health? YES [] NO []
Do you have any allergies? YES [] NO []
Specify: _____
Do you take any medications? YES [] NO []
Specify: _____

PLEASE CHECK ALL APPROPRIATE BOXES:

- high blood pressure YES [] NO [] heart problems YES [] NO []
tmj YES [] NO [] sciatica YES [] NO []
arthritis YES [] NO [] bruise easily YES [] NO []
diabetes YES [] NO [] migraines YES [] NO []
breathing problems YES [] NO [] pregnant YES [] NO []
epilepsy YES [] NO [] acne YES [] NO []
chiropractic YES [] NO [] hiv/aids YES [] NO []
carpal tunnel YES [] NO [] contact lenses YES [] NO []

Do you have any other medical conditions we should know about?

INFORMED CONSENT: The above information is accurate to the best of my knowledge and I freely give permission to have bodywork done at Dragonfly Wellness Studio. Certain bodywork treatments may be contraindicated, if you have a certain medical condition or specific symptoms. A referral from your primary care provider may be required prior to bodywork treatments. I agree to update the therapist in regard to changes in my health and understand that there shall be no liability on the therapist part if I forget to do so.
APPOINTMENT & CANCELLATION PROCEDURES: All bodywork appointments must be scheduled in advance and will be reserved with name, credit card and phone number. All appointments will be confirmed 24-48 hours in advanced by a DWS staff member. Please remember that your appointment time is reserved especially for you, because both your time and our time are valuable, we require at lease 24 hours notice to avoid a \$35 cancellation fee to pay your therapist for time lost. By giving us 24 hours notice we can reschedule your appointment and possibly free up your original time for another client.

[] I agree to cancellation procedures.

CLIENT SIGNATURE: _____ DATE: ____/____/____