SOMA BODHI
Earth • Body • Soul

Client Intake Form

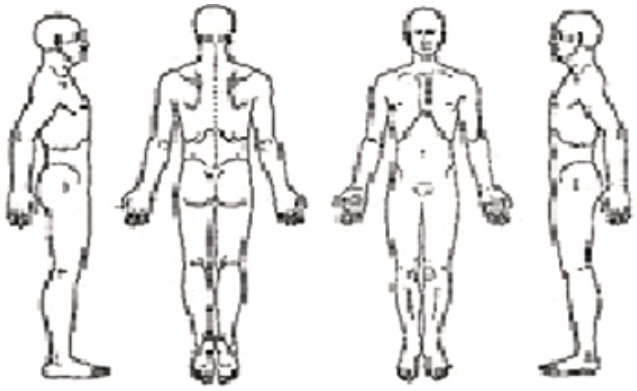
Date _____
Name _____
Email _____
Phone (Mobile) _____ (Home) _____
Address _____
City _____ State _____ Zip _____
Date of Birth _____ Occupation _____
Emergency Contact _____Phone _____

The following information will be used in the development of a safe and effective wellness program. Please answer the questions to the best of your knowledge.

1. Have you had a professional massage or bodywork before? Yes ☐ No ☐
   If yes, how often do you receive massage therapy?
   _____
2. Do you have any difficulty lying on your front, back, or side? Yes ☐ No ☐
   If yes, please explain
   _____
3. Do you have any allergies to oils, lotions, or ointments? (Does not apply to MFR) Yes ☐ No ☐
   If yes, please explain
   _____
4. Do you have sensitive skin? Yes ☐ No ☐
5. Are you wearing contact lenses ☐ dentures ☐ a hearing aid ☐?
6. Do you sit for long hours at a workstation, computer, or driving? Yes ☐ No ☐
   If yes, please describe
   _____
7. Do you perform any repetitive movement in your work, sports, or hobby? Yes ☐ No ☐
   If yes, please describe
   _____
8. Do you experience stress in your work, family, or other aspect of your life? Yes ☐ No ☐
   If yes, how do you think it has affected your health?
   Muscle tension ☐ anxiety ☐ insomnia ☐ irritability ☐ other
   _____
9. Is there a particular area of the body where you are experiencing tension, stiffness, numbness/ tingling, pain or other discomfort? Yes ☐ No ☐
   If yes, please identify
   _____

10. Do you have any particular goals in mind for this MFR/massage/bodywork session? Yes ☐ No ☐
    If yes, please explain

    _____



Please identify areas of soreness or pain with a (P), numbness or tingling (N), weakness (W), and scars (S).

Medical History

11. Are you currently under medical supervision? Yes ☐ No ☐
    If yes, please explain

    _____

12. Do you see a chiropractor? Yes ☐ No ☐ If yes, how often? _____
13. Are you currently taking any medication? Yes ☐ No ☐
    If yes, please list

    _____

14. Please check any condition listed below that applies to you:

☐ contagious skin condition	☐ phlebitis
☐ open sores or wounds	☐ deep vein thrombosis/blood clots
☐ easy bruising	☐ joint disorder/rheumatoid arthritis/osteoarthritis/tendonitis
☐ recent accident of injury	☐ osteoporosis
☐ recent surgery	☐ epilepsy
☐ artificial joint	☐ headaches/migraines
☐ sprains/strains	☐ cancer
☐ current fever	☐ diabetes
☐ swollen glands	☐ decreased sensation
☐ allergies/sensitivity	☐ back/neck problems
☐ heart condition	☐ Fibromyalgia
☐ high or low blood pressure	☐ TMJ
☐ circulatory disorder	☐ carpal tunnel syndrome
☐ varicose veins	☐ tennis elbow
☐ atherosclerosis	☐ pregnancy if yes, how many months?

Please explain any condition that you have marked above _____
_____
_____

15. Do you engage in a regular fitness/exercise regime? Yes ☐ No ☐ If so, what type of exercise do you do and how often? _____
16. Are you interested in receiving lifestyle information regarding any of the following? **Private Fitness Training** (Pilates, Power Plate, Yoga) Yes ☐ No ☐, **Vegetarian/Vegan/Raw Food Diet** Yes ☐ No ☐, **Juice Plus Whole Food Nutrition** Yes ☐ No ☐, or **Organic Aeroponic Tower Gardening** Yes ☐ No ☐

17. Is there anything else about your health history that you think would be useful for your therapist to know?

_____

_____

_____

Draping is used during the regular massage sessions – only the area being worked on will be uncovered. MFR is done in undergarments, a two piece swimsuit, or tank top and shorts. The ability for the therapist to see the body so they can visualize/interpret skeletal misalignment, and physical/visceral responses during treatment is ideal. Draping will be used per clients preference.

Informed written consent must be provided by parent or legal guardian for any client under the age 17.

I, _____(print name) understand that the MFR/massage/bodywork I receive is provided for the basic purpose of relaxation and relief of muscular tension. If I experience any pain or discomfort during this session, I will immediately inform the therapist so that the pressure and/or strokes may be adjusted to my level of comfort. I further understand that MFR/massage/bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see my physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage therapists are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such. Because MFR/massage/bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions, and answered all questions honestly. I agree to keep the therapist updated as to any changes in my medical profile and understand that there shall be no liability on the therapist's part should I fail to do so. I understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session. I also understand that the License Massage Therapist reserves the right to refuse to perform MFR/massage/bodywork on anyone whom he/she deems to have a condition for which massage is contraindicated.

CANCELLATION POLICY

I understand that each appointment I have scheduled is very important either for my own treatment process or that of another who could potentially fill the time slot. I agree to notify SOMA BODHI within 24 hours if I need to cancel an appointment.

I have read and understand this cancellation policy. Int _____

Signature of client _____ Date _____

Signature of Massage Therapist _____ Date _____

Welcome, and thank you for choosing Soma Bodhi to assist you in reaching your physical, wellness, and fitness goals!

MISSION

SOMA BODHI – Center for Myofascial Release & Integrative Therapies is committed to improving and revitalizing our clients resources for physical, emotional and spiritual health and wellbeing within a relaxing, compassionate, non-competitive, and stress-free environment.