



## Client Intake Form – Therapeutic Treatment

Date of Initial Y4Y Treatment Visit \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Personal Information

Name \_\_\_\_\_ email \_\_\_\_\_

Phone (Cell) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Occupation \_\_\_\_\_

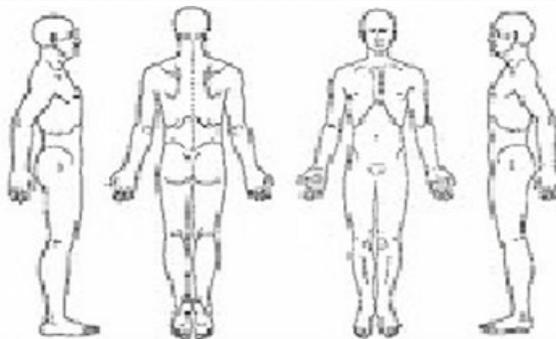
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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

1. Have you had a Thai Bodywork treatment before? Yes  No
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? Yes  No   
If yes, please explain \_\_\_\_\_
4. Do you have sensitive skin? Yes  No
5. Are you wearing: contact lenses  dentures  a hearing aid  prosthetics
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
9. Is there a particular area of the body where you are experiencing tension, stiffness, pain or other discomfort?  
Yes  No  If yes, please identify \_\_\_\_\_
10. Do you have any particular goals in mind for this session? Yes  No   
If yes, please explain \_\_\_\_\_

### Medical History

1. Are you currently under medical supervision? Yes  No   
If yes, please explain \_\_\_\_\_
2. Do you see a chiropractor? Yes  No  If yes, how often? \_\_\_\_\_
3. Are you currently taking any medication? Yes  No   
If yes, please list \_\_\_\_\_



Please mark any areas where you have injury or past surgery.



**In order to plan a session that is safe and effective, we need some general information about your medical history.**

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

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

Please explain any condition that you have marked above \_\_\_\_\_

5. Is there anything else about your health history that you think would be useful for your practitioner to know to plan a safe and effective session for you? \_\_\_\_\_

You will be clothing throughout the entire service. Informed written consent must be provided by parent or legal guardian for any client under age 18.

I, \_\_\_\_\_ (print name) understand that the treatment 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 Thai Yoga Bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that Thai Bodywork 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 Thai 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 Therapist reserves the right to refuse to perform Thai Bodywork on anyone whom he/she deems to have a condition for which Thai Bodywork is contraindicated.

Signature of client \_\_\_\_\_ Date \_\_\_\_\_

Signature of Therapist \_\_\_\_\_ Date \_\_\_\_\_