

Client Intake Form

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Cell Phone: _____

E-mail: _____ Occupation: _____

Medications: _____ Physician: _____

In case of an Emergency: _____ Phone: _____

Reason for Visit: _____

Referred by: _____

How did you hear about this service: _____

Please answer the following questions. Do you currently or have you had...

Yes	No		Yes	No	
___	___	Broken Bone (in last 2 years)	___	___	Diabetes
___	___	A recent fall or accident	___	___	Epilepsy
___	___	Sensitive to touch or pressure	___	___	Low back pain
___	___	Frequent headaches	___	___	Pain down leg or arm
___	___	Chronic bowel movements	___	___	Any spinal problems
___	___	Arthritis or other joint problems	___	___	High blood pressure
___	___	Cancer	___	___	Any heart problems
___	___	Blood clot	___	___	Any skin problems
___	___	Are you currently pregnant			

Comments: _____

Please Read Before Signing

I understand that the bodywork or kinesiology I receive is provided for the basic purpose of relaxation, relief in the body and over all well-being. If I experience any pain or discomfort during a session I will immediately inform the practitioner so that the pressure can be adjusted to my level of comfort. I further understand that bodywork or kinesiology should not be construed as a substitute for medical examination, diagnosis, or treatment, and that I should see a physician, chiropractor or other qualified medical specialist for any mental or physical ailment that I am aware of. I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to my medical conditions and answered all question honestly. I agree to keep the practitioner updated as to my medical profile and understand that there shall be no liability on the practitioners part should I forget to do so.

Jennifer Meyer may not be held liable for any claims of injury or harm.

I acknowledge that if I fail to cancel my appointment 24 hours before my scheduled time, I am responsible for payment of a missed appointment.

Client Signature

Date

Practitioner Signature

Date