

Client Intake Form

Name: _____ Today's Date: _____

CLIENT ASSESSMENT AND HISTORY

Please describe any chronic pain or tension and for how long:

Does work or other activity increase your pain or tension? ___ Yes ___ No (please check one)

If yes, what is your occupation or activity? _____

Please list any medical issues or treatments you believe would be relevant to your Thai Bodywork session:

(please include past surgeries, broken bones, torn muscles or tissues, etc.)

Please check any of the following that apply:

- Currently under the care of a physician
- Currently under the care of a chiropractor
- Currently under the care of an alternative medicine practitioner
- Currently receiving other body or energy therapies

If you checked yes to any of the above, please explain:

(Please continue and sign on reverse side)

Please check any of the following that apply to you (in the past or currently):

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Back Problems |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Osteoarthritis | <input type="checkbox"/> Spinal Problems |
| <input type="checkbox"/> Blood Clots | <input type="checkbox"/> Contact Lenses | <input type="checkbox"/> Disc Problems |
| <input type="checkbox"/> Varicose Veins | <input type="checkbox"/> Pregnant | <input type="checkbox"/> Joint Problems |
| <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Accidents or Injuries |
| <input type="checkbox"/> Neurological Problems | <input type="checkbox"/> Surgery | <input type="checkbox"/> Major Illness or Disease |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Epilepsy or Seizures | <input type="checkbox"/> Recent Breaks or Sprains |

CONSENT FOR THAI BODYWORK TREATMENT

I understand that the purpose of Thai Bodywork is for relaxation and that it is not meant to diagnose or treat any illness, disease, any physical or mental disorder, injury, or condition. I have informed my Thai Bodywork practitioner and Alchemy Studio, L.L.C. about my state of health and any recommendations and restrictions on the part of my medical doctor or therapist insofar as bodywork is concerned. Furthermore, I agree that I have signed the Alchemy Studio, L.L.C. Waiver and Release of Liability Agreement and agree to its terms and conditions.

Signature of Participant

Date

Signature of Parent/Guardian if under 18yrs

Date