



WELLNESS SERVICES CLIENT INTAKE FORM

NAME: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBERS: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ Occupation: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

If currently in treatment: Physician (name and location):  
\_\_\_\_\_

If client is under the age of 18 years or unable to decide for themselves, the parent or guardian for the client is giving informed consent for the client to receive massage by printing and signing name below.

Please print name, sign and date:  
\_\_\_\_\_

Please review the following list of conditions and check anything that might be relevant to you:

- Allergies (including oils, nuts, fragrances)
- Back pain:  upper  mid  lower
- Broken bones
- Cardiac/circulatory condition low blood pressure
- Cancer
- Arthritis  Rheumatoid  Osteoporosis
- Chronic Pain
- Decreased range of motion
- Diabetes
- Herniated Disc
- Fibromyalgia
- Numbness
- Headache
- Seizures
- Skin condition
- Current injury or illness
- Pregnancy
- Muscle strain / sprain
- Scoliosis
- Unexplained discomfort or pain
- Varicose Veins
- Whiplash
- Carpal Tunnel Syndrome
- Other

Please continue on other side

2017 Albany Post Road  
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www.expertbodywellness.com



Have you recently had an injury, surgery or areas of inflammation? If yes, please describe:

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If you are currently being treated by a health care professional, please state why:

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Are you currently taking any medications? (including aspirin, ibuprofen or homeopathic remedies):

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Do you exercise regularly and /or participate in any sports? If yes, what type and how frequently?

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What particular goals do you have for your therapy?

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# EXPERT BODY WELLNESS

## BODYWORK & PILATES