Cheri Gillham
BodyWise
(210)838-7925

Located in Welkin Massage
110 Hilltop Street
Boerne, TX 78006

Confidential Client Intake Form

Name: Date of Birth:

Street / Mailing Address:

City: State: Zip:

Home Phone: ( ) Cell Phone: ( )

Work Phone: ( ) Occupation:

Home email address: Would you like be to added to email? Y/N:

Referred By Emergency Contact:

Treatment time is valuable to all clients, so if you cannot keep your scheduled appointment, please call to reschedule so that someone else can utilize your appointment time.
I hold your appointment just for you.
A "No Show" will be billed to you for the missed session.

Please check any of the symptoms or physical problems you are currently or have previously experienced:

☐ Allergies	☐ Depression/Anxiety	☐ Headaches / Sinus	☐ Sciatica
☐ Arthritis	☐ Diabetes	☐ High Blood Pressure	☐ Scoliosis
☐ Asthma	☐ Digestive-IBS	☐ Kidney Conditions	☐ Skin Disease
☐ Athlete's Foot	☐ Dizziness	☐ Memory Loss	☐ Stress
☐ Bruise Easily	☐ Epilepsy / Seizures	☐ Migraines	☐ Stroke
☐ Bursitis	☐ Edema (swelling)	☐ Neurological-MS	☐ Swelling
☐ Cancer	☐ Endocrine/Thyroid	☐ Osteoporosis	☐ Varicose Veins
☐ Claustrophobic	☐ Epilepsy / Seizures	☐ Pregnant	☐ Whiplash

Practionier notes....

General & Medical Information:

YES/NO

__ __ Do you see a Chiropractic Doctor? If so, whom?_____
__ __ Are you currently under any Doctor's care? If so, whom? _____
__ __ Do you see a Dentist (TMJ) or other Healthcare Professional? If so, whom?_____
__ __ Have you ever had massage/bodywork? If so, how long ago? _____
__ __ List any previous / current broken bones _____
__ __ Have you had any traumatic accidents _____
__ __ Have you ever had surgery? When _____
__ __ Do you have tension or soreness in a specific area_____
__ __ Do you have numbness, or stabbing pains anywhere? _____
__ __ Are you very sensitive to touch/pressure in any area_____
__ __ Are you wearing contact lenses? If so, hard or soft? (Circle one)
__ __ Are you wearing Dentures or an appliance? If so, hard or soft? (Circle one)
__ __ Are you allergic to: Lanolin, analgesic balms, other? (Circle one)
__ __ Do you prefer a cool, warm or very warm treatment room? (Circle one)
__ __ Do you have any other medical conditions that I should be aware of? _____

Please list all medications you are taking:

Please take a moment and carefully read the following information and sign where indicated.

I (the client) understand that bodywork should not be construed as a substitute for medical examination, diagnosis, or treatment and that I should see a allopathic physician, chiropractic physician, or other qualified medical specialist for any mental or physical ailment that I am aware of. I further understand that bodyworkers/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(s) given should be construed as such. I will be draped throughout the session, and the areas that we both agreed upon will be addressed, avoiding personal/private areas. I also understand that the therapist is trained in several soft-tissue modalities and we will decide together which modality is utilized. I understand that the therapist will not engage in breast massage without an additional written statement from me. If I am uncomfortable for any reason, I will inform the therapist to terminate the session.

I understand everything discussed during the treatment will be held in total confidentiality between the practitioner and myself.

Signed: _____ Date: _____
Practitioner: _____ Date: _____