BODY-POWER THERAPIES
Charmant Drive, San Diego, CA 92122
www.bodypowertherapies.com

Erinn Fraser, HHP, NCTMB
Todd Sargeant, HHP, NSCA-CPT, NCTMB

Name _____

Address _____

_____

Phone (h) _____ (w) _____

Email _____

Referred by _____

Emergency Contact Name _____

Relationship _____ Phone _____

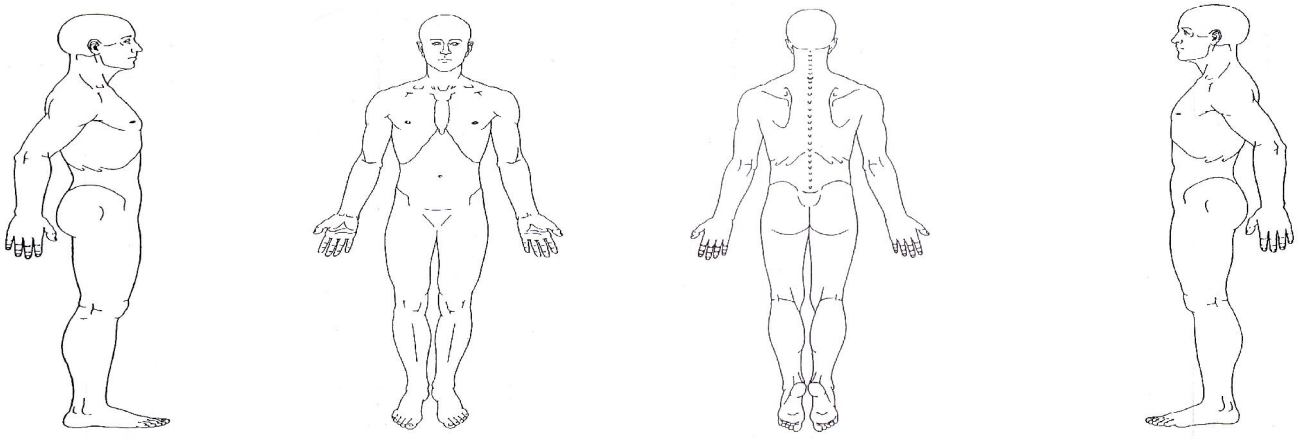
CLIENT HEALTH INTAKE FORM

Have you ever had a professional massage before? Yes / No
When was your last massage? _____ How often do you get massages? _____
Birthdate ____/____/____ Height _____ Weight _____ Occupation _____
Dependants living with you / Not living with you / None? How many? _____ Ages? _____
What is your gender? Male / Female / Transgendered
Are you in a relationship with another person right now? Yes / No
If yes, is this relationship a good one for you? Yes / No / Not sure / Not in a relationship
What is your relationship status? Single / Legally married / Domestic partner relationship /
Divorced / separated / Widowed / Other (please specify): _____

PRESENT SYMPTOMS

What is the primary condition you want to improve today? Do you have any longterm bodywork goals?
Please describe both in detail: _____
_____
_____
_____ .
What aggravates this condition?_____ .
What improves it? _____ .
Does this condition interfere with work / sleep / play / daily routine?_____ .
If so, how? _____ .
Are you currently under medical / therapeutic treatment? Yes / No If so, please describe with whom, what type, and what is or isn't working: _____
_____ .

*Please indicate on the figures below with a number from 1-5 (5 being greatest significance) where you generally have pain or discomfort, even if you are not experiencing pain in this area today. Additionally, please draw any areas of broken bones, surgeries, or other significant injuries to the body, and write the approximate year next to it.



CONTRIBUTING FACTORS

Please check any of the following conditions that you feel have significantly impacted you, currently or in the past.

Musculo-Skeletal

- ¡ Joint stiffness / swelling
- ¡ Spasms / Cramps
- ¡ Broken / Fractured bones
- ¡ Strains / Sprains
- ¡ Back, hip pain
- ¡ Shoulder, neck, arm, hand pain
- ¡ Problems walking
- ¡ Jaw pain / TMJ
- ¡ Carpal Tunnel Syndrome
- ¡ Thoracic Outlet Syndrome
- ¡ Tendonitis
- ¡ Bursitis
- ¡ Arthrits
- ¡ Osteoporosis
- ¡ Scoliosis
- ¡ Bone or joint disease
- ¡ Other: _____

Reproductive

- ¡ Pregnancy:
  - ¡ Current
  - ¡ Previous
  - ¡ Abortion
- ¡ PMS
- ¡ Menopause
- ¡ Pelvic Inflammatory Disease
- ¡ Endometriosis
- ¡ Ovarian Cysts
- ¡ Hysterectomy
- ¡ Fertility Concerns
- ¡ Prostate/Testicular condition

Nervous s ystem

- ¡ Numbness / tingling
- ¡ Twitching of face
- ¡ Fatigue
- ¡ Chronic pain
- ¡ Sleep disorders / Insomnia
- ¡ Ulcers
- ¡ Paralysis
- ¡ Herpes / shingles
- ¡ Cerebral Palsy
- ¡ Epilepsy
- ¡ Chronic Fatigue Syndrome
- ¡ Multiple Sclerosis
- ¡ Muscular Dystrophy
- ¡ Parkinson's Disease
- ¡ Spinal Cord Injury
- ¡ Other: _____

Digestive

- ¡ Loss of Appetite
- ¡ Indigestion
- ¡ Constipation
- ¡ Gas / bloating
- ¡ Diarrhea
- ¡ Diverticulitis
- ¡ Irritable bowel
- ¡ Chrohn's Disease
- ¡ Celiac-Sprue
- ¡ Colitis
- ¡ Adaptive aids
- ¡ Other: _____

Circulatory & Respiratory

- ¡ Dizziness / Fainting
- ¡ Shortness of breath
- ¡ Anemia
- ¡ Cold feet or hands
- ¡ Varicose Veins
- ¡ Swollen ankles
- ¡ Pressure sores
- ¡ Blood clots (DVT)
- ¡ Stroke
- ¡ Heart disease
- ¡ Allergies
- ¡ Sinus problems
- ¡ Asthma
- ¡ High blood pressure
- ¡ Low blood pressure
- ¡ Lymphedema
- ¡ Other: _____

Skin

- ¡ Rashes
- ¡ Allergies
- ¡ Fungal Infections (i.e. Athlete's Foot)
- ¡ Warts
- ¡ Eczema / Psoriasis
- ¡ Acne
- ¡ Cosmetic Surgery
- ¡ Cuts or wounds
- ¡ Other:_____

Other

- ¡ Headaches / Migraines
- ¡ Forgetfulness
- ¡ Anxiety
- ¡ Confusion
- ¡ Depression
- ¡ Difficulty Concentrating
- ¡ Drug abuse _____
- ¡ Alcohol abuse _____
- ¡ Nicotine abuse _____
- ¡ Caffeine abuse _____
- ¡ Verbal/Psychological Abuse
- ¡ Physical Abuse
- ¡ Physical Assault (mugging, etc.)
- ¡ Sexual Abuse
- ¡ Sexual Assault / Rape
- ¡ Oseteoarthritis
- ¡ Hearing impaired
- ¡ Visually impaired
- ¡ Bladder infections
- ¡ Eating disorder _____
- ¡ Diabetes Type I / Type II
- ¡ Fibromyalgia
- ¡ Chronic Fatigue Syndrome
- ¡ Post Polio Syndrome
- ¡ Other: _____

_____

Lymph / Immune

- ¡ Infectious Disease (please list)
  _____
- ¡ Cancer Type _____
- ¡ AIDS / HIV
- ¡ Rheumatoid Arthritis
- ¡ Hodgkin's Disease
- ¡ Lupus (systemic?)
- ¡ Edema

Special Notes (Surgeries, Allergies, Medications, etc.):

_____

_____

_____

_____

"*THE FINE PRINT...*"

____ (please initial) Cancellation Policy - I understand that it is the policy of Body-Power Therapies, Todd Sargeant & Erinn Fraser to charge the full cost of a missed session for any appointments that are not cancelled at least 24 hours before the appointment. If I am not able to come in due to an emergency or contagious illness, the fee is waived. If I am not sure whether I should come in, I will ask my therapist.

___ (please initial) The intent of bodywork is to supplement, and work in conjunction with, primary medical care. To this end, I understand that the therapist cannot diagose nor prescribe, and I understand that bodywork is not a substitution for medical treatment. I attest that it is medically safe for me to receive bodywork.

____ (please initial) I have had all of my questions answered satisfactorily, and am ready and willing to receive bodywork.

_____ Signature

_____ Date