



Bodywork by Claudia Osman

Client Intake Form

Name _____ Phone (H/W) _____ Cell _____

Address _____

DOB _____ Occupation _____

At a computer? _____ Desk? _____ If yes, how often? _____

Pregnant? Yes No Due Date _____

Are you currently under a doctor's care? Yes No Name of physician? _____
If yes, please explain diagnosis _____

Are you currently taking any medication? Yes No
If yes, please list _____

Are you currently taking any supplements? Yes No
If yes, please list _____

Exercise Regimen _____ Regularly? Yes No

Hobbies _____

Common areas of tension _____

Do you suffer from pain? _____ Is it chronic? _____

How long? _____ Do you know the cause? _____

What makes the symptoms worse or better? _____

Surgeries _____ Major Accidents _____

Injuries that have resulted in scars _____

Where are the scars located? _____



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Do you currently or have you ever had any of the following: (please check)

- headaches/migraines
- arthritis
- tendonitis
- cancer
- TMJ issues, jaw clenching/teeth grinding
- joint replacement
- neuropathy
- tingly/reduced feeling
- laminectomy
- pins & needles
- pinched nerve
- numbness
- nerve issues
- diabetes
- varicose veins
- disk issues (herniation, bulging)
- blood clots
- back/neck injuries
- sprains/strains
- recent injuries
- pacemaker
- epilepsy
- osteoporosis
- pregnancy

Do you see a chiropractor? Yes No If yes, how often? _____

Do you see a physical therapist? Yes No If yes, how often? _____

Do you see an acupuncturist? Yes No If yes, how often? _____

Do you drink water? Yes No If yes, how much? _____

Do you sleep well? Yes No If yes, how often? _____

Do you eat well? Yes No If yes, how often? _____

Are you in the early stages of getting a cold or flu? Yes No **If yes, massage is contraindicated.

I hereby certify that I have disclosed all information about any conditions that may be affected by massage, i.e. conditions listed above. ***MPS is not intended for use if you have epilepsy or a pacemaker. I will advise Claudia Osman, LMT if the amount of pressure is too much or not enough. I agree to drink a lot of water after the massage. I agree to give 24 hours notice of cancellation of the appointment. I agree if less notice is given that the therapist may charge for the appointment time. I acknowledge that a missed appointment prevents others from receiving treatment and loss of wages for the therapist.

Client Signature _____ Date _____

Claudia Osman, LMT _____ Date _____