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
- ☐ oteoporosis
- ☐ 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 a accupuncturist? 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 contraindicated for individuals with epilepsy, a pacemaker and during pregnancy. 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_____

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