

# CLIENT INTAKE FORM

BODYWORKBYRAINE.COM | (434) 234 - 4890 | BODYWORKBYRAINE@GMAIL.COM

**Full Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Gender/Pronouns:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

## Emergency Contact

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

## Medical Information

**Are you currently pregnant?**  Yes  No **If yes, how far along?** \_\_\_\_\_

**Are you taking any medications?** \_\_\_\_\_

**Allergies or Sensitivities:** \_\_\_\_\_

**Please indicate below any of the following that you are currently experiencing or have previously experienced and include any necessary information:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Stroke             | <input type="checkbox"/> Hyper-mobility    |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Kidney Dysfunction | <input type="checkbox"/> Orthopedic Injury |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Joint Replacement  | <input type="checkbox"/> Other: _____      |
| <input type="checkbox"/> Headaches/Migranes      | <input type="checkbox"/> Neurotherapy       | _____                                      |
| <input type="checkbox"/> High/Low Blood Pressure | <input type="checkbox"/> Fibromyalgia       | _____                                      |
| <input type="checkbox"/> Sprains or Strains      | <input type="checkbox"/> Heart Attack       | _____                                      |
| <input type="checkbox"/> Numbness                | <input type="checkbox"/> Blood Clots        | _____                                      |
| <input type="checkbox"/> EDS                     | <input type="checkbox"/> Postpartum         | _____                                      |

**Any health concerns?**

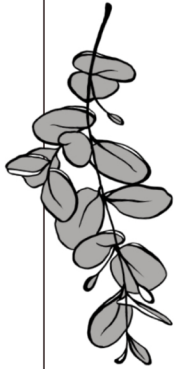
\_\_\_\_\_  
\_\_\_\_\_

**Goals for your treatment session:**

\_\_\_\_\_  
\_\_\_\_\_

By signing below, I agree that all information on this form is accurate and I will update my therapist if any of the above information changes.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



B O D Y W O R K B Y R A I N E L L C  
**TERMS OF SERVICE**

BODYWORKBYRAINE.COM | (434) 234 - 4890 | BODYWORKBYRAINE@GMAIL.COM

We appreciate that you've chosen us for your massage and bodywork needs. To provide the best service possible to our clients we have implemented the following policies

---

## **LATE ARRIVAL POLICY**

We request that you arrive 10 minutes prior to your appointment to allow time to fill out any required paperwork (i.e. Client Intake Form, Terms of Service Form, Minor Consent Form) as well as answer questions your therapist may have without it interfering with your service time. We understand that issues can arise that may cause you to be late for your appointment; however, we ask that you call to inform us if this ever occurs so we can do our best to accommodate you.

Appointment times are reserved for each client, so oftentimes we cannot exceed that reserved time without making the next client late; for this reason, arriving after your appointment time may result in loss of time from your service so that your session ends at the scheduled time. Full service fees will be charged even when sessions are shortened due to your late arrival. In return we will do our best to be on time, and if we are unable to do so, then we will add time to your session (if possible) to make up for our late arrival or adjust the service charge accordingly.

## **CANCELLATION POLICY**

A payment on file is required to reserve a session and there is a 48 hour cancellation policy; any cancellations within the 48 hour window will be charged 50% of the appointment and no-call/no-shows will result in a 100% charge for the reservation.

---

By signing below, I agree to abide by the terms of service.

I understand massage is only an aid to my health and in no way takes the place of a doctor's care. I agree to update my health information as needed with each session.

I will let the massage therapist know if I am uncomfortable at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

