

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
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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 5-10 minutes prior to your appointment time to allow time to fill out any required paperwork as well as answer any intake questions your therapist may have.

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 massage so that your session ends at the scheduled time.

Full service fees will be charged even when sessions are shortened due to late arrival. In return we will do our best to be on time, and if we are unable to do so we will add time to your session 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 48hr cancellation policy; any cancellations within the 48hr window will be charged 50% of the appointment and no-call/no-shows will result in 100% charge for the reservation.

CODE OF CONDUCT

Massage therapy is for relaxation and therapeutic purposes only. There is absolutely no sexual component to massage whatsoever. Any request otherwise will result in immediate termination of your session and refusal of any and all services in the future. You will be charged the full service fee regardless of the length of your session.

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:** _____

