



Soul to Soul, LLC
Client Intake Form

Please Print

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email _____ Date of Birth _____

In Case of
Emergency _____ Phone _____

Relationship of Contact _____

General and Medical Information:

Please check all that apply and clearly provide the details in space provided.

___ Are you pregnant _____

___ Previous Injuries or Surgeries: _____

___ Muscular issues or disease: _____

___ Bone disorders or disease: _____

___ Headaches: Frequency/Type /Severity _____

___ Soreness or tension in any particular area: _____

___ Skin rashes, athletes foot, warts _____

___ Cardiac or circulatory issues, varicose veins, blood clots: _____

___ High or low blood pressure: _____

___ Pulmonary/Breathing-related issues: _____

___ Diabetes: _____

___ Seizures: _____

___ Allergies/Please list: _____

___ Auto Immune Disorders: _____

Please check all that apply and clearly provide the details in space provided.

___ Swelling /edema: _____

___ Are you currently taking medication? Please list: _____

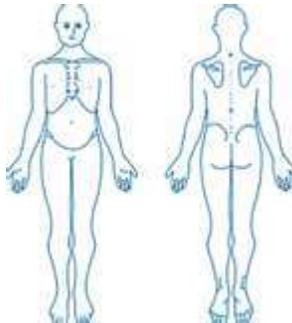
___ Are you receiving any treatment for any condition, including chiropractic care, nervous disorders, or cancer: _____

___ Do you have any illness, condition or health issues not identified above? Provide details _____

___ Do you experience stress? On a level of 1 – 10, with 10 being severe, please indicate stress level _____

___ Contact lenses/Are you wearing them now? _____

___ Are there any areas on your body you wish the therapist to avoid? (Please circle areas on illustrations below)



Please read the following statements and sign where indicated. If you do not understand any of the questions, please bring this to your therapist's attention

If you have a specific medical condition, illness or specific symptoms, we may require a referral from primary physician before service is provided. I understand that the body/energy work I receive is for the basic purpose of relaxation and/or relief of muscular tension. I further understand that the body/energy work I receive is not a substitution for medical treatment, examination, or diagnosis from a licensed physician. I understand that massage/bodywork and energy therapists are not qualified to diagnose, prescribe or treat any physical, emotional or mental illness, and that nothing said during a bodywork/massage session should be construed as such. I affirm that the information provided above is true and correct, and that I have honestly stated all my known medical information. I understand and agree that there shall be no liability to the therapist and/or Soul to Soul, LLC, should I neglect to do so. I acknowledge Soul to Soul is a small business and as such maintains a 24 hr cancellation policy. Failure to cancel appointments within 24 hrs of appointment time will be billed at ½ rate. Missed appointments will be billed at full rate.

Client Signature: _____ **Date:** _____

Yes, I'd like to receive your monthly Newsletter with specials, discounts and classes _____