Prema Wellness Centre

Client Intake Form

Confidential

Name _____ Date _____

Address _____ City _____ Prov. _____ PC _____

Emergency Contact: _____ Phone: _____

Phone: Cell _____ Home _____ D.O.B _____

Occupation: _____

How would you like to be notified of your appointments?

Phone ☐ Email ☐ _____ Text ☐ List carrier name _____

☐ I agree to receive emails for upcoming promotions and events.

How did you hear about us? _____ Referred by: _____

Have you received a professional massage before? YES ☐ NO ☐

What are your massage or bodywork goals? _____

What kind of pressure do you prefer? Light ☐ Medium ☐ Firm ☐ Deep Tissue ☐

INSURANCE: Company _____ Plan/Certificate# _____

Primary planholder name and date of birth _____

Please check all that apply:

____Do you suffer from stress?

____Do you have diabetes?

____Do you experience frequent headaches?

____Are you pregnant? How many weeks?

____Do you suffer from arthritis?

____Do you have high blood pressure?

____Are you taking HBP medication?

____Do you have epilepsy or seizures?

____Do you have any allergies?

If Yes, please list:

_____

____Do you bruise easily?

____Any broken bones in last 2 years?

____Any injuries in last 2 years?

____Any cardiac or circulatory problems?

____Any numbness or stabbing pains?

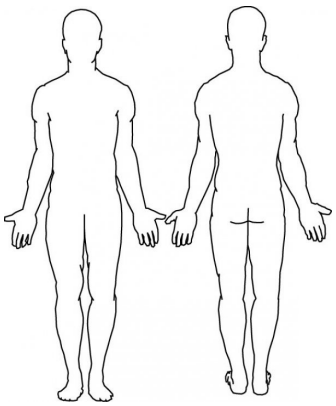
____Sensitive to touch or pressure?

____Do you have any joint swelling?

____Do you have varicose veins?

____Do you have osteoporosis?

Please circle any areas of the body that you feel need the most attention in your massage session



Therapist's Initials _____

Have you had any surgeries? _____ Details: _____

By signing below I agree that I have read and understand the following:
I understand that massage is not a replacement for medical care and that no medical diagnosis will be made. I have stated all my known health conditions. I will inform my practitioner of any changes to my health status. It is my choice to receive therapeutic body work. I am aware of the benefits and risks and sign here to give consent for my treatment. I understand there is no guarantee of success with therapeutic body work treatments. I understand that my relationship with my therapist is held in strict confidence.

Signature: _____ Date: _____

Consent To Treatment of Minor: By the signature below, I hereby authorize Prema Wellness Massage Therapists to administer massage therapy to my child or dependant as they deem necessary. X_____ Date _____