

Christin Wasson & Associates
2709 SW 29th St. Upper Level
Topeka, KS 66614
785.228.0055



Office Use Only:

Therapist: _____

Date: _____

Client #: _____

Confidential Client Health Intake Form

PLEASE PRINT LEGIBLY

First Name: _____ Last Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone (H): _____ (C): _____ (W): _____
Birthdate: ____/____/____ Occupation: _____
Emergency Contact: _____ Phone: _____ Relationship: _____
Would you like to be on our email list to receive coupons and special offers? Y N
Email Address: _____
Referred by: Word of mouth; who _____ Directories: AT&T; Yellow Book; Website;
Brookwood events; Brookwood Marquee; other _____

Have you ever received a professional massage? Y N How often? _____
What type of pressure do you prefer? _____ Any areas to avoid? _____
What have you enjoyed most about massage? _____ Least? _____
Please circle if you wear any of the following: Contacts Dentures Hearing Aid
Is stress contributing to your visit today? Y N Stress Level: Low 1 3 5 High
Describe any surgeries, hospitalization, accidents, or injuries you have had:
Less than 5 years ago: _____ More than 5 years ago: _____
Do you have any chronic, ongoing pain that you deal with on a regular basis? Y N
Explain: _____ What causes or makes the pain worse? _____
Have you been evaluated by a MD, PT, OT, or DC for this condition? Y N
Do you have any allergies to lotions and/or oils? _____
Do you exercise? Y N What and how often? _____

Circle any or all that apply to your present health:

Headaches	Sleep difficulties	Edema	Cancer/tumors
Vision problems	Numbness/tingling	Osteoporosis	Infectious disease
Sinus problems	Blood Clots	Varicose veins	HIV/AIDS
Jaw pain/teeth grinding	Scoliosis	High/low blood pressure	Other: _____
Fatigue	Arthritis	Muscle or joint pain	_____
Depression	Tendonitis	Diabetes	_____

Women: Are you pregnant? Y N Due Date: _____
Is there anything else you would like the therapist to be aware of? _____

Referral Program

We value you and appreciate the trust and confidence you show in us when you recommend our services to your friends and family. Because of this, for each new person that Stillpoint Massage & Bodywork Studio sees due to your recommendation, **you will receive \$10 off your next appointment with us!**

Bodywork Release Form

Purpose and limitations of bodywork:

I, _____, understand that professional bodywork is intended to do some or all of the following: relieve stress, induce relaxation, alleviate muscular tension and pain, improve joint mobility, enhance circulation, and promote well being.

I understand that bodywork services, including, but not limited to massage, craniosacral therapy and reflexology are designed to be a health aid and are in no way to take the place of a doctor's care when it is indicated. A body worker does not diagnose illness, disease, or any physical or mental disorders.

I will fully disclose any diagnosed illness and will share any current symptoms. Information exchanged during any massage session is educational in nature and is intended to help me become more familiar and conscious of my own health status and is to be used at my own discretion. I agree to release, save, hold harmless and indemnify Stillpoint Massage & Bodywork Studio and its known associates from and against any future claims, demands, or legal action arising out of any session.

I understand that a professional bodywork session is never an appropriate time to display sexual behavior. I understand that if I display inappropriate behavior of such nature, I will be asked to pay in full and to leave immediately. I understand that I will be unable to schedule another appointment. I understand that I will not attend my session under the influence of drugs and/or alcohol.

I agree to call Stillpoint Massage & Bodywork Studio if I am unable to keep my scheduled appointment time. If I do not show up at my scheduled appointment time and I do not call to cancel my appointment at least 2 hours in advance, I agree to pay the full appointment fee.

By signing this document, I am stating the following: (1) I am able to read and comprehend the English language; (2) I have carefully read this document and fully understand and agree; (3) I am aware that I am receiving a Bodywork session and I knowingly consent to such a session; (4) I accept and assume all risk of injury related to such a session(s).

(Signature)

(Signature of parent if under 18)

Date _____

(Signature of therapist)