

NEW CLIENT INTAKE FORM

Karen Hart Asbury, BA LMT (#MA60205629) Therapeutic Massage, Craniosacral Bodywork, Breast Therapy, Reiki & Arvigo Techniques of Maya Abdominal Therapy®

First & Last Name:
Address:
Birthdate:
Phone Number:
Email:
Occupation:
Emergency Contact Person Name & Phone Number:
Reason for visit? Include areas of pain or muscle tension:
Are you currently under the care of a physician? (circle one) YES NO
If yes, list your physician's name(s) and why you are seeing them:
Any recent or major surgeries, including cesarean or hysterectomy (with dates), injuries (with dates), or illnesses (with dates). If you do not have any, write "none" below.
List any communicable or infectious diseases (i.e. athlete's foot, hepatitis). If you do not have any, write "none" below.
List current medications or other substances you take and what they treat:
Do you get migraines or chronic headaches? (circle one) YES NO
Digestive health concerns? (i.e. constipation, gas, sluggish digestion, acid reflux, IBS, Crohn's disease):
Reproductive/pelvic health concerns? (i.e. pain, pelvic congestion, bladder incontinence, painful menstruation, tilted uterus, irregular cycles, uterine fibroids, ovarian cysts, dark or heavy bleeding, miscarriages, prolapsed organs, scar tissue, BHP, erectile dysfunction, sperm count/quality, perimenopause, post-hysterectomy, libido):
Birth control? Do you have an IUD? (circle one) YES NO Assisted Reproductive Technology?
Are you pregnant? (circle one) YES NO UNSURE
If yes, how many weeks?
Concerns:
Number of pregnancies:
Number of births:
Previous experience with massage:

Breast health concerns (including discomfort)? (all genders)

Limited range of motion in the neck/shoulders?

Have you had any chest/breast surgeries?

Breast implants?

Lymph nodes removed?

Optional: Consent to having breasts (including nipples and areola) treated (or not)? (circle one) YES NO

Optional: Consent to having breasts (including nipples and areola) undraped (or not)? (circle one) YES NO

Additional information you would like me to know?

SIGNATURE & AGREEMENT: I understand that I can stop the massage at any time and for any reason, and I can request the massage be performed through a drape or clothing, and I can provide a witness to be in the room. I state that I have filled out this form to the best of my ability and will communicate any changes in my health, my needs and preferences to the therapist. I understand that massage therapy and bodywork is for therapeutic purposes only, promoting health and maintaining well-being. Massage is non-sexual and any advance or inappropriate behavior will result in the session ending with full payment due. Massage therapy does not take the place of a physicians' care nor proper diet and exercise. I agree to the cancellation policy of 50% of the session fee due for any appointments cancelled with less than 24 hours notice, and will do my best to give more than 24 hours notice if I need to reschedule an appointment.

Signature

Today's Date

Treatment Notes: