

RENÉE ALLEN  
CLIENT INTAKE FORM

Name: \_\_\_\_\_ DOB: \_/ \_/ \_/Email \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Occupation \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # \_\_\_\_\_

How did you hear Welness Atelier? \_\_\_\_\_

Reason for seeking massage  
today? \_\_\_\_\_

Have you had a professional massage or bodywork? Y N

How often? \_\_\_\_\_

Do you participate in any sports/ exercise activities?  
\_\_\_\_\_

Have you had any recent illness, injuries or surgeries? Y/N

How recently? \_\_\_\_\_ if yes,  
Please explain \_\_\_\_\_

Describe any pain or limitations Y/ N If yes, explain:  
\_\_\_\_\_

Rate your stress level (1=little - 5=extreme) \_\_\_\_\_ Stress source  
\_\_\_\_\_

Where do you think you carry your stress?  
\_\_\_\_\_

Do you think that you're well hydrated? -----Y / N

Do you stretch regularly? -----Y/ N

Do you experience frequent or intense headaches? Y/ N If yes, describe:  
\_\_\_\_\_

Could you be pregnant? Y/ N - Due date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Do you presently have a Contagious Condition / Fever? Y/N \_\_\_\_\_

Do you currently have any medical conditions? Y/N \_\_\_\_\_

Are you currently taking any medications? Y/N \_\_\_\_\_

I understand that the massage/body-work I receive is intended for the purposes of increased circulation, relaxation, & relief of soft tissue tension. If I experience any pain or discomfort during the session, I will immediately inform the practitioner so that the pressure &/or techniques may be adjusted to my level of comfort. I further understand that massage/body-work should not be construed as a substitute for medical examination, diagnosis, or treatment & that I should see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment that I am aware of. I understand that massage/body-work practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, & that nothing said in the course of the session given should be construed as such. Because massage/body-work should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions & answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical profile & understand that there shall be no liability on the practitioners part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, & I will be liable for payment of the scheduled appointment.

Client Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date:  
\_\_\_\_\_