-Intake Form-

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| Today’s Date | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth | | | | |  | | | | | | | | | | | | | | | | Gender | | | | | | | |  | | | | | | | | | | | | |
| Full Mailing Address | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Best Contact Number | | | | | | | | |  | | | | | | | | Choose One | | Mobile | | | | | | |  | | | | Home | | |  | | | Work | | | |  | |
| Is it ok to leave a voicemail related to your appointment at this number? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | No | | |  | |
| Is it ok to send a text message related to your appointment at this number? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | |  | | | No | | |  | |
| Email Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Occupation | | | |  | | | | | | | | | | | | | | Dominant Side? | | | | | | | | | | Left | | |  | | | Right | | | | |  | | |
| Emergency Contact | | | | | | |  | | | | | | | | | | | | | | | Phone | | | | | |  | | | | | | | | | | | | | |
| How did you hear about Rising Sun Therapies? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (If you were referred by another client, please let us know so that they receive their referral bonus) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Professional Massage/Body Work? | | | | | | | | | | | | |  | | | | | | | How long ago? | | | | | | | | | | | |  | | | | | | | | | |
| Purpose for your visit today? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Example: back pain, headache, relaxation, etc) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever, or do you currently have/experience any of the following: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Allergies | | | | | | | | | |  | Arthritis | | | | | | | | | | | |  | Blood Clots | | | | | | | | | | | | | | | | |
|  | Bruise Easily (anemia) | | | | | | | | | |  | Cancer | |  | | Chemotherapy | | | | | | | |  | Diabetes (Type?) | | | | | | | | | |  | | I |  | | II | |
|  | Heart Problems | | | | | | | | | |  | High Blood Pressure | | | | | | | | | | | |  | Low Blood Pressure | | | | | | | | | | | | | | | | |
|  | Kidney Disorder | | | | | | | | | |  | Spinal Injury/Disk Issues | | | | | | | | | | | |  | Seizure Disorder | | | | | | | | | | | | | | | | |
|  | Stroke or TIA | | | | | | | | | |  | Recent Surgery (36 Months) | | | | | | | | | | | |  | Varicose Veins | | | | | | | | | | | | | | | | |
|  | Broken Bones (36 months) | | | | | | | | | |  | Prosthetics (including hearing aids) | | | | | | | | | | | |  | Head Injury (36 months) | | | | | | | | | | | | | | | | |
|  | Hypoglycemia (non-diabetic) | | | | | | | | | |  |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | |
| Please provide brief details for any checked items or any other conditions not mentioned? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list all medications (prescription and/or holistic) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If you need more space for either of these questions, feel free to use the back of this form, or an additional page, and indicate here | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| I understand that and treatment received at Rising Sun Therapies is for the basic purpose of relaxation and relief of muscular tension. If I should feel any pain or discomfort during any session, I can/will immediately inform the practitioner so that the treatment may be adjusted to my level of comfort. I further understand that massage or bodywork is not a substitute for medical examination, diagnosis, or treatment and that I should see a physician, or other qualified medical specialist for any mental or physical ailment of which I am aware. I understand that Rising Sun Therapies practitioners are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be interpreted as such. Because massage/ bodywork should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my health and understand that there shall be no liability on the practitioner’s part should I fail to do so. I also understand that any illicit or sexually suggestive remarks or advances will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | Signature on File | | | | | | | | | | | | | | | | | | | | | | | | Date | | | |  | | | | | | | | | | |
| If you are not the client, please provide your signature as acknowledgement of the above, and your relation to the client. If the client is under the age of 18, your signature above also provides consent for services to be provided under the same disclaimer as above. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |