



**THAI YOGA INTAKE FORM**

**DATE :** \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Notify me by:  Email  Text Message (Cell Phone Service Provider: \_\_\_\_\_)

Email Address \_\_\_\_\_

Emergency Contact (Name, #) \_\_\_\_\_

Referred by (Name, Flyer, Ad, website, etc.): \_\_\_\_\_

<b>Health / Medical History</b>		
Are you seeing a health care professional?	YES NO	Comment:
Are you taking any prescribed medications?	YES NO	Comment:
Are you taking any supplements, herbs, over the counter medications, or known blood thinners?	YES NO	Comment:
Do you have any known allergies?	YES NO	Comment:
New Conditions (Are you experiencing, or do you have any of the following): Circle all that apply		
Cold / Flu	Burns / Sunburn	Headaches
Fever	Numbness / Tingling	Panic Attacks
Infections	Skin Conditions/Warts	Depression / Anxiety
Possible Pregnancy	Sprains / Strains	Digestive Disorders
Contagious Conditions	Injection Sites	Cuts/Bruises
Arthritis / Tendonitis	Muscular/Skeletal Disorders	New Tattoos/Piercings
Have you ever been diagnosed with, or been advised to seek treatment for: Circle all that apply		
High / Low Blood Pressure	Liver / Gall Bladder Conditions	Diabetes / Low Blood Sugar
Stroke	Aneurysm	Disc Disorders
Osteoporosis	Lymphatic Conditions	Nerve Disorders
Heart Disease	Cancer	Seizure Disorders
Kidney/Bladder Conditions	Reproductive System Conditions	Chronic Respiratory Conditions
Anemia/Blood Disorders	Chronic Sinus Conditions	Asthma
Any other conditions not mentioned above?		

Have you ever had any:

Hospitalizations and/or Surgeries YES NO

Accidents and/or Injuries YES NO

Broken and/or Dislocated Bones YES NO

If Yes, Please Explain (Include Dates):

***MASSAGE HISTORY***

Have you received Thai Yoga Bodywork/Massage before? YES NO

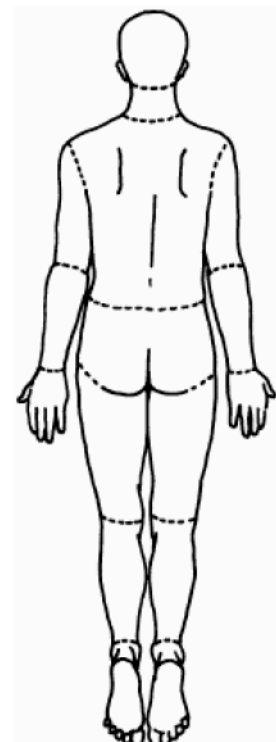
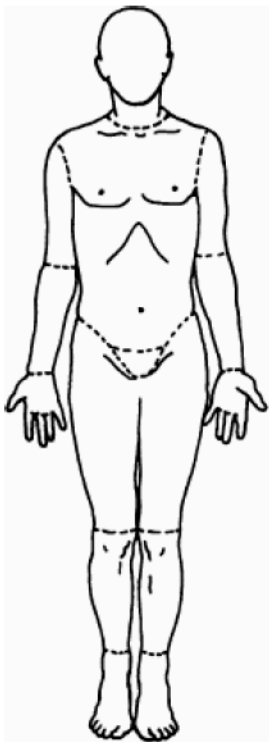
Date of last session:

Likes/Dislikes:

What do you think is the general condition of your health?

TREATMENT REQUESTS: What specific body areas or emotional/mental concerns would you like to focus on today? Any movement restrictions to be respected?

**On the following image, please mark any areas that may be causing physical discomfort.**



Tension: -----  
Cramping: ///////////////  
Numbness: ++++++++  
Pain: >>>>>>>>

**Before your session, please read and sign below:**

Consent for Thai Yoga Bodywork/Massage

Thai Yoga Bodywork/Massage is provided for the basic purpose of relaxation, stress reduction and relief of muscular tension. Thai Yoga Bodywork/Massage services are designed to be a health aid and in no way are meant to take the place of a physician's care. Information exchanged during a 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.

Because bodywork/massage should not be performed under certain medical conditions, I affirm that I have stated all my known medical conditions dropping odds soccer and answered all questions honestly and I understand that it is my responsibility to keep the therapist updated as to any changes in my medical profile.

I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session.

Payment is due when services are rendered unless other arrangements have been made prior to my appointment. I will give 24-hour notice when possible if I cannot keep a future appointment.

**Cancellation Policy**

*Life happens...* If you need to miss your hour of BlissBlissBliss, please contact your therapist as soon as you know that you will miss your scheduled appointment. You can also cancel and reschedule online: **[theblissblissbliss.com/schedule](http://theblissblissbliss.com/schedule)**.

\$0 is charged if you provide a 24-hour notice.

\$25 is charged if you do not call and do not show up for your appointment.

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