



Blissed Bodywork, LLC Client Intake

 Bhrigha R. L. Getz 

BA, LMT (FL MA 20757 since 1995/WA 25141)

Licensed Massage Therapist, Certified Bowenwork Therapist

Registered Yoga Instructor, Yoga Alliance

Name: _____ Date: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work/Cell: _____

Email: _____ OK to contact by Text/Cell? _____ Email? _____

Occupation: _____ Referred by: _____

In case of emergency, please contact:

Name: _____ Relationship: _____ Phone: _____

General Information

Date of Birth: _____ Gender: ___F ___M ___ Other _____ Pronouns: _____

Are you currently pregnant? _____ If so, how far along? _____

Do you wear dentures? _____ Do you wear contact lenses? _____

Do you have emotional stress? _____ Occupational stress? _____

List regular exercise activities: _____

List regular relaxation strategies: _____

Do you get regular bodywork? If so, please list types/frequency: _____

What are you seeking from Bodywork? _____

What are your primary current complaints or body issues? _____

Medical Information

(If answering "Yes" to any of these questions, please explain as clearly as possible.)

Are you currently under the care of a physician, chiropractor, or dentist? _____

Have you ever been in a car accident that resulted in injuries? If so, please list dates, injuries, & how you were hit _____

Any surgery in past 3 years? (dates & types) _____

Any broken bones in past 3 years? (dates & locations) _____

Are you currently taking any prescription medication? (Please list) _____

Do you have any other medical conditions I need to know about? _____



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Please check all that apply currently or in the last year.

Emotional Well-Being

Have you recently experienced...

- ☐ The death of loved one?
- ☐ Marital separation?
- ☐ Divorce?
- ☐ Personal Injury?
- ☐ Long illness?
- ☐ Outstanding personal success?
- ☐ Change in residence?
- ☐ Change in sleeping habits?
- ☐ Insomnia/Sleeplessness?
- ☐ Trauma/PTSD?
- ☐ Mood swings?
- ☐ Irritability?
- ☐ Panic attacks/Anxiety?
- ☐ Surgery?
- ☐ Pregnancy?
- ☐ Depression?
- ☐ Nervousness?

Nutritional Well-Being

Regularly, do you take/have

- ☐ Aspirin?
- ☐ Caffeine?
- ☐ Sweets?
- ☐ Fast foods?
- ☐ Alcoholic drinks?
- ☐ Cigarettes?
- ☐ Large doses of vitamins?
- ☐ Processed & refined foods?
- ☐ Fresh, raw foods?
- ☐ Soft drinks/sodas?
- ☐ Are you vegetarian or vegan?
- ☐ Do you have a good appetite?
- ☐ Chronic indigestion/acid reflux?
- ☐ Chronic constipation?
- ☐ Chronic diarrhea?

Physical Well-being

Do you often experience...

- ☐ Stiff joints or sore muscles?
- ☐ Stiff neck?
- ☐ Tight shoulders?
- ☐ Mid-back pain?
- ☐ Low back pain?
- ☐ Leg pain?
- ☐ Pain in chest or heart region?
- ☐ Chronic cough?
- ☐ Asthma?
- ☐ Sinus problems?
- ☐ Dizziness/light-headedness?
- ☐ Headaches/Migraines?
- ☐ Menstrual problems?
- ☐ Easy bruising?
- ☐ Frequent colds/infections?
- ☐ Bladder infections?
- ☐ Numb hands/feet?
- ☐ TMJ pain, noise, or discomfort?
- ☐ Constipation/Diarrhea?
- ☐ Digestive problems?

Have you been diagnosed with...

- ☐ Irregular heart rhythm?
- ☐ High or low blood pressure?
- ☐ Phlebitis?
- ☐ Epileptic seizures?
- ☐ Cardiac or circulatory problems?
- ☐ Herniated discs?
- ☐ Tuberculosis?
- ☐ Hepatitis?
- ☐ Cancer? When?
- ☐ Type: _____
- ☐ Fibromyalgia?
- ☐ Diabetes or Hypoglycemia?
- ☐ Hernia?

Physical Well-being (con't)

Have you been diagnosed with...

- ☐ COVID19
 - ☐ Blood clots?
 - ☐ Varicose veins?
 - ☐ Multiple sclerosis?
 - ☐ Hernia? Where?
 - ☐ Osteoporosis?
 - ☐ Arthritis?
 - ☐ Osteoarthritis?
 - ☐ Lymphedema?
 - ☐ Rheumatoid Arthritis?
 - ☐ Parkinson's disease?
 - ☐ Emphysema/COPD?
 - ☐ Asthma?
 - ☐ Whiplash?
 - ☐ Spinal Disorder/Type?
-
- ☐ Hypermobility disorder/Type?
-

☐ Allergies? **Please list:**

Lifestyle Well-Being

- ☐ Do you get little exercise?
- ☐ Do you stay indoors a lot?
- ☐ Recent x-rays?
- ☐ Long car commute?
- ☐ Breathing problems?
- ☐ Difficulty rising to standing?
- ☐ Sitting or sedentary job?
- ☐ Frequent muscle spasms?
- ☐ Recent immunizations/flu shot?
- ☐ High stress job?



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Any questions you checked will be discussed with you prior to your session. In the space provided below, please write anything more that you would like to share with me about yourself:

**Please take a moment and carefully read the following information, initial, and sign where indicated.
Thank you!**

"I understand that the massage/bodywork/Pilates I receive is provided for the basic purposes of relaxation, stress reduction, relief of muscular tension, and fitness/wellness. If I experience pain or discomfort during the session, I will immediately inform the practitioner so that the pressure, strokes, and/or exercises may be adjusted to my level of comfort. **Initial** _____

"I further understand that massage/bodywork/Pilates is not to be construed as a substitute for medical examination, diagnosis, or treatment and that I need to see a physician, chiropractor, or other qualified medical specialist for any mental or physical ailment of which I am aware or for diagnosis. **Initial** _____

"I also understand that LMT's/LMP's/Pilates Trainers are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said during the course of the session(s) will be construed as such. **Initial** _____

"Since massage/bodywork/Pilates is contra-indicated (meaning: should not be done) under certain medical conditions, I affirm that I have stated all my known medical conditions and answered all questions honestly. I agree to keep my therapist/practitioner/trainer updated on any changes in my medical profile and I understand that I am solely responsible for any errors or omissions & there shall be no liability on the therapist's/practitioner's/trainer's part if I forget/neglect to do so. **Initial** _____

"It is also understood and agreed that proper, legal draping techniques are required by law & will be used by the therapist. Any illicit or sexually-suggestive remarks or advances made by me, the client, will result in immediate termination of the session, and I am fully responsible for payment for the entire session booked with no refund." **Initial** _____

"I understand that per HIPAA of 1996, all information provided by myself is confidential and will not be shared with others without my written permission in order to disclose my information to other specified/allied professionals, such as physicians, other practitioners, or insurance companies. **Initial** _____

"I understand that I am responsible to pay for all sessions, including failed appointments. Fees are listed on the menu of services and range from \$75-\$150. A failed appointment is a missed appointment or cancellation with less than 24 hours notice. We understand the occasional illness or emergency and will consider failed appointment charges on a case-by-case basis and may request partial payment as a late notice cancellation fee. The charge for a failed appointment is the full session fee." **Initial** _____

Please note: We expect payment at the time of service. Blissed Bodywork accepts cash and major credit cards only. We are happy to provide receipts for Healthcare Spending Accounts. **Initial** _____

Client/Guardian Signature _____ **Date:** _____

Client Name Printed _____

LMT/Trainer _____ **Date:** _____

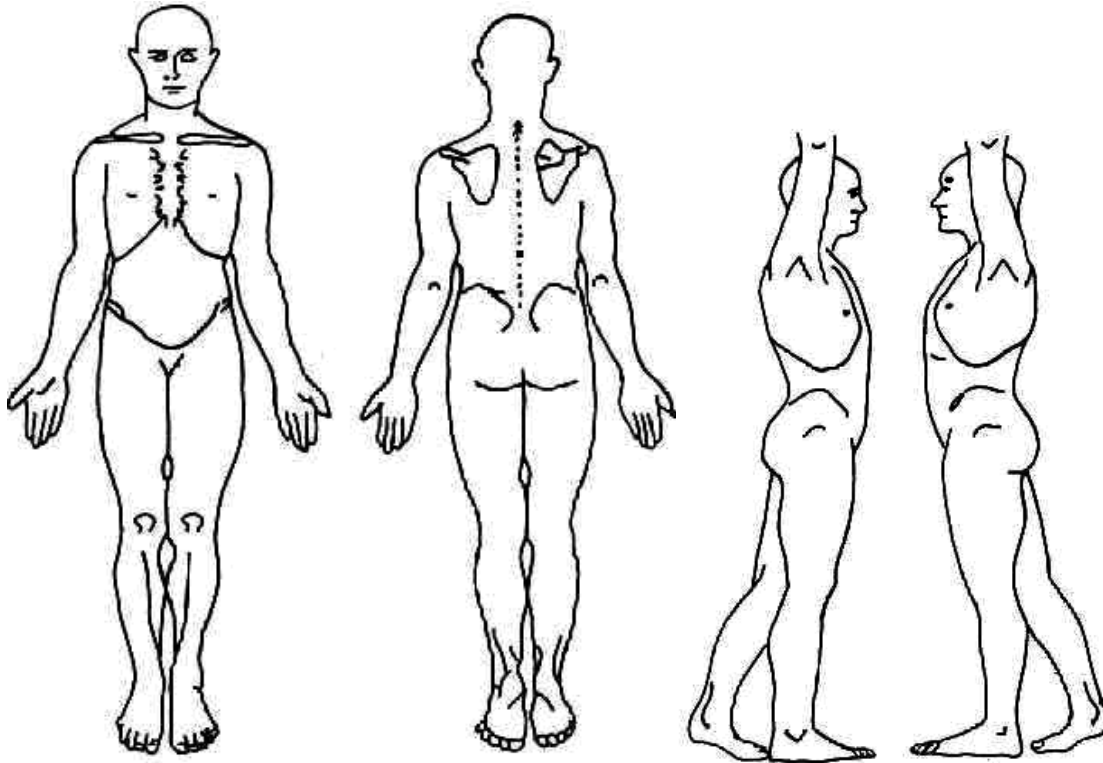


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Using the Pain Scale below, please shade any areas where you currently or frequently have pain on the figures and draw a line to the corresponding Pain Scale number.

Pain Scale:
Small Pain 1-----10 Severe Pain

1--2--3--4--5--6--7--8--9--10



In the space below, please describe the pain and what kinds of activities or motions aggravate the pain.
