BONNETTE NEUROMUSCULAR THERAPY AND BODYWORK

CLIENT INTAKE FORM

1 CLIENT INFORMATION

Date____

Client Name___________________________________

____

Address______________________________________

City____

State_______________ Zip___________________

E-mail_______________________________________

Sex: ☐ M ☐ F Age_______ Birthdate_____________

☐ Minor ☐ Single ☐ Married ☐ Widowed

☐ Separated ☐ Divorced ☐ Partnered for ____years

2 PHONE NUMBERS

Cell (___) ____________ Home (___) ____________

Best time and place to reach you________________

IN CASE OF EMERGENCY, CONTACT

Name____

Relationship__________________________________

Cell (___) ____________ Work (___) ____________

Whom may we thank for referring you? __________

____

Or how did you hear about us? _________________

____

3 CLIENT CONDITION

Is condition due to an accident? ☐ Yes ☐ No Date_________ Type of accident: ☐ Auto ☐ Work ☐ Home ☐ Other

What are your problem areas and when did symptoms appear? ______________________________________

What treatment have you already received for your condition?

☐ Medication ☐ Surgery ☐ Physical Therapy ☐ Chiropractic Care ☐ None ☐ Other

Type of pain: ☐ Sharp ☐ Dull ☐ Throbbing ☐ Numbness ☐ Aching ☐ Shooting

☐ Burning ☐ Tingling ☐ Cramps ☐ Stiffness ☐ Swelling ☐ Other

How often do you have this pain? __________________ Is it constant or does it come and go? _____________

Does it interfere with your ☐ Work ☐ Sleep ☐ Daily Routine ☐ Recreation

Activities or movements that are painful to perform: ☐ Sitting ☐ Standing ☐ Walking ☐ Bending ☐ Lying Down

4 MASSAGE HISTORY

Have you ever had a professional massage? ☐ Yes ☐ No

What results would you like to achieve? ☐ Relaxation ☐ Pain ☐ Therapy ☐ Other _______________________

Draping will be used over areas not being massaged

All areas excepting the genitals may be massaged. Please note any areas the client **does not** want massaged:

(Circle applicable areas) Face / Breast / Buttocks / Feet / Other ______________________________________

Client Consent (must sign) for Breast Work / Pectoralis Release **X**_____________________________________

5 HEALTH HISTORY

Please check ☐ conditions or symptoms you currently have or have had in the past:

☐	☐ Acid Reflux	☐ Depression	☐ Inflammation	☐ Rotator Cuff
☐	☐ ACL	☐ Diabetes	☐ Jaw Pain/TMJ	☐ Sciatica
☐	☐ Allergies	☐ Digestive Problems	☐ Kidney Disorder	☐ Scoliosis
☐	☐ Anemia	☐ Emphysema	☐ Lymphedema	☐ Seizures
☐	☐ Anorexia	☐ Fibromyalgia	☐ Mental Disorder	☐ Sinus Problems
☐	☐ Appendicitis	☐ Foot Problems	☐ Mononucleosis	☐ Skin Condition
☐	☐ Arthritis	☐ Fractures/Breaks	☐ Multiple Sclerosis	☐ Stroke
☐	☐ Asthma	☐ Glaucoma	☐ Numbness/Tingling	☐ Surgery
☐	☐ Blood Clots	☐ Headaches/Migraine	☐ Osteoporosis	☐ Tear (Muscle, Ligament, Tendon)
☐	☐ Breathing Difficulty	☐ Head Injuries	☐ Pacemaker	☐ Tendonitis
☐	☐ Bronchitis	☐ Heart Disease	☐ Parkinson's Disease	☐ Thyroid Problems
☐	☐ Bruise Easily	☐ Hepatitis	☐ Pinched Nerve	☐ TMJ
☐	☐ Bulimia	☐ Hernia	☐ PMS	☐ Tuberculosis
☐	☐ Cancer	☐ Herniated/Bulging Disc	☐ Pneumonia	☐ Tumors/Growths
☐	☐ Carpal Tunnel	☐ Herpes	☐ Polio	☐ Ulcers
☐	☐ Chemical Dependency	☐ High Blood Pressure	☐ Prosthesis	☐ Varicose Veins
☐	☐ Cold	☐ HIV/AIDS	☐ Rheumatoid Arthritis	☐ Whiplash
☐	☐ Contact Lenses	☐ Infection	☐ Rheumatic Fever	☐ Other

VITAMINS/HERBS/MINERALS

____
____

ALLERGIES

____
____

MEDICATIONS

________________ ________________
________________ ________________

EXERCISE

☐ None ☐ Daily
☐ Moderate ☐ Heavy

OCCUPATION __________________

☐ Sitting ☐ Light Labor ☐ Low Stress
☐ Standing ☐ Heavy Labor ☐ High Stress

LIFESTYLE

☐ Smoking-Packs/Day _____ ☐ Caffeine-Cups/Day _____
☐ Alcohol-Drinks/Week _____ ☐ Recreational Drug Use

Are you pregnant? ☐ Yes ☐ No Trimester ☐ 1st ☐ 2nd ☐ 3rd Due Date_______________

Bonnette NMT and Bodywork does not offer massage in the 1st trimester of pregnancy.

Client _________________________ Date ________ Therapist _________________________ Date ________

6 AUTHORIZATION

The massage technique(s) used will be:

☐Swedish ☐ Deep Tissue ☐ Prenatal ☐ Sports ☐ Hot Stone ☐ Neuromuscular Therapy ☐ Couples

If the client becomes uncomfortable, the client may ask the therapist to discontinue the massage at any point.

To the best of my knowledge, the above information is complete and correct. I understand that reporting incomplete or inaccurate information can be dangerous to my health. I understand that I am solely responsible for any errors or omissions that I may have made in the completion of this form. I understand that it is my responsibility to inform my massage therapist if I ever have a change in health.

I understand that massage therapy services are for the primary purpose of short-term relaxation and the relief of muscular tension. I understand that massage therapy services are in no way a substitute for examination, diagnosis or treatment by a physician. I understand that individuals providing massage therapy services are not qualified to diagnose, prescribe or treat any physical or mental illness and are not qualified to perform spinal or skeletal adjustments. I acknowledge that any information I receive from individuals performing massage therapy services is educational in nature and is to be used at my own discretion.

______________________________ ______________________________ ____________
Please print name of Client, Parent or Guardian — Signature of Client, Parent or Guardian — Date

______________________________ ______________________________ ____________
Please print name of Massage Therapist — Signature of Massage Therapist — Date