Suzanne Pahach DBA Makin Sense
Confidential Bodywork Intake Form

Name: _____
Address: _____
City: _____
State: _____
Zip: _____
Phone: _____
Emergency Contact: _____
Emergency Phone: _____
Occupation: _____
Birthday: (**Day/Month Only**) _____
Email: _____

Who referred you to this office?

_____

What is the reason for your appointment today?

Please list history of significant accidents, illnesses, injuries or surgeries:

Are you pregnant? YES / NO
If yes, how many weeks? _____

Are you currently taking any medications/supplements? YES / NO
If yes, please list: _____

Do you currently have or have had in the past any of the following?

- ☐ Allergies/Sensitivities
- ☐ Arthritis
- ☐ Blood Pressure: HIGH LOW
- ☐ Broken Bones Please list: _____
- ☐ Cancer
- ☐ Carpel Tunnel Syndrome
- ☐ Diabetes
- ☐ Fibromyalgia
- ☐ Headaches/Migraines
- ☐ Heart Condition
- ☐ Infectious Disease
- ☐ Numbness/Tingling
- ☐ Osteoporosis
- ☐ Respiratory Conditions
- ☐ Tarsal Tunnel Syndrome
- ☐ Varicose Veins
- ☐ Other please list: _____

TERMS:

I understand that the therapist does not diagnose illness, disease, or any other physical or mental disorder and does not prescribe medical treatment or pharmaceuticals. It has been made clear to me that bodywork is not a cure or substitute for medical examination or diagnosis and that it is recommended that I see a physician for any ailments that I might have. I acknowledge that I have fully and honestly disclosed my health history to the therapist. I understand that the bodywork is meant to be therapeutic, relaxing and reduce muscular tension.

If I cancel, reschedule or skip an appointment without 24 hour notice, I agree to pay for the full session fee. I realize that time scheduled was reserved specifically for me and I will respect the therapist's time.

All of the information provided above is, to my knowledge, correct and current.

If you authorize any other person(s) to access **your records** in case of a medical emergency, if so please list full name:

_____

Signed: _____ Date: _____