



Shen Shen Health & Harmony

CLIENT INTAKE FORM

NAME _____ BIRTH DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE 1 _____ MAY WE LEAVE MESSAGES AT THESE NUMBERS? YES _____ *NO _____

2 _____ *SPECIAL INSTRUCTIONS _____

OCCUPATION _____

E-MAIL _____

EMERGENCY CONTACT (NAME & NUMBER)

HOW DID YOU FIND US?

MESSAGE/BODYWORK HISTORY

HAVE YOU EVER RECEIVED A PROFESSIONAL MASSAGE OR BODY WORK SESSION? YES _____ NO _____

PRIORITIZE THE AREAS OF YOUR BODY THAT YOU WISH TO HAVE WORKED ON

PLEASE NOTE ANY AREAS OF YOUR BODY THAT YOU DO NOT WISH TO HAVE WORKED ON

HEALTH HISTORY

PLEASE LIST ANY MEDICAL CONDITIONS, SURGERIES, ACCIDENTS OR INJURIES

MEDICATIONS _____

ALLERGIES _____

ARE YOU PREGNANT? YES _____ NO _____ DUE DATE _____

*PLEASE INFORM YOUR THERAPIST OF FUTURE CHANGES IN YOUR HEALTH STATUS.