MASSAGE AND BODYWORK INTAKE FORM

Name:_____ Date:_____

Date of Birth:_____ Age:_____ Preferred Pronouns (he/she/they/etc):_____

Address:_____ City:_____ State:_____ Zip:_____

Phone:_____ Email:_____

Occupation:_____ Referred by:_____

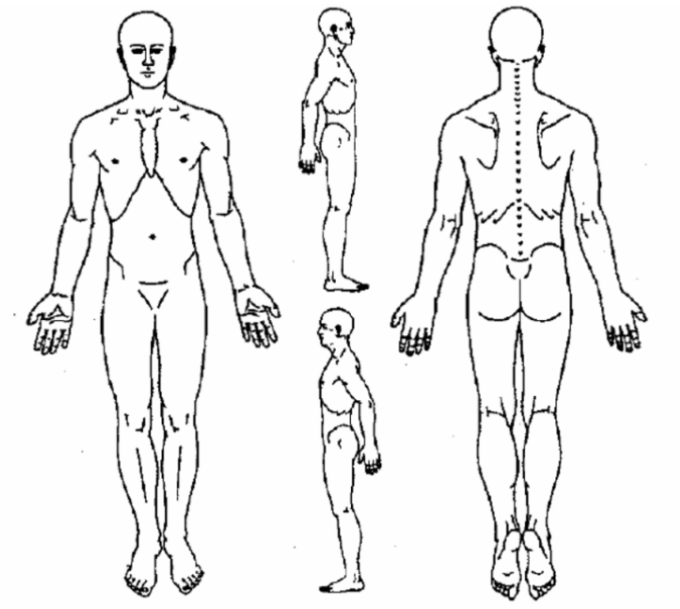
Emergency Contact Information:_____
(Name/Number/Relationship)

Reason for today's visit:_____

☐ **I have read** and understand Shen Shen's business policies, including COVID-19 guidelines, the cancellation policy, and HIPAA. I acknowledge I can access the policies via the Shen Shen website and/or ask the business for a physical or digital copy at any time.

☐ **I have not read** but understand by making an appointment I am subject to the COVID-19 guidelines and cancellation policy. I acknowledge I can access the policies via the Shen Shen website and/or ask the business for a physical or digital copy at any time.

PLEASE MARK THE LOCATION OF YOUR SYMPTOMS:



DESCRIBE THE NATURE OF YOUR SYMPTOMS:

☐ Sharp Pain ☐ Dull Ache ☐ Tingling
☐ Numbness ☐ Burning ☐ Stabbing
☐ Stiffness ☐ Pulling ☐ Discomfort
☐ Shooting Pain ☐ Soreness
☐ OTHER_____

HOW OFTEN DO YOUR SYMPTOMS OCCUR?

☐ Always ☐ Most of the day
☐ Occasionally ☐ A few times a week
☐ Only with specific activities / movements
☐ Random occurrence of symptoms

CURRENT INTENSITY OF YOUR SYMPTOMS:
0=NONE TO 10=UNBEARABLE ____/10

◆ PLEASE NOTE ANY AREAS THAT YOU ***DO NOT*** WANT TO HAVE WORKED ON:

_____

◆Do you smoke? Y / N How much/often?_____

◆Drink Coffee? Y / N How much per day/week?_____

◆Drink Alcohol? Y / N How much per day/week?_____

◆Any Allergies? Y / N If yes, please expand _____

◆Do you exercise? Y / N How often?_____

What Type of Exercise? _____

_____

◆**Operations, Hospitalizations, Injuries, or Serious Illness you have had**: (Year)

_____

_____

_____

◆**What medications & supplements are you currently taking?**

_____

_____

_____

◆ **Are you currently pregnant? Y / N** If yes, when is your due date?_____

◆ **Is there anything else you would like to add or want us to know?**

_____

_____

_____

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