



Kimberly Schacht CRMT
15334 E Hinsdale Circle #2B
Centennial, CO 80112

Client Intake Form

Name _____ Phone () _____

Alt. Phone () _____

Address _____ DOB _____

City _____ State _____ Zip _____

E-mail: _____

Referred by: _____ Phone () _____

In case of emergency: _____ Phone () _____

The next few pages are questions that will help the therapist create a good treatment plan for you, so please carefully read the following information, initial and sign where indicated. If you have a specific medical condition or specific symptoms, massage/bodywork may be contraindicated. A referral from your primary care provider may be required prior to service being provided.

If you answer “yes” to any of the following questions, please explain as clearly as possible. Please use a second sheet if necessary.



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- Yes No Do you frequently suffer from stress?
- Yes No Do you have diabetes?
- Yes No Do you have a thyroid condition?
- Yes No Have you had frequent headaches?
- Yes No Could you be pregnant?
- Yes No Do you suffer from arthritis?
- Yes No Are you wearing contact lenses or dentures?
- Yes No Do you have cardiac or circulatory problems?
- Yes No Do you have high blood pressure and/or take medication to manage blood pressure?
- Yes No Do you suffer from epilepsy or seizures?
- Yes No Do you suffer from joint swelling?
- Yes No Do you have varicose veins?
- Yes No Do you have any contagious diseases?
- Yes No Do you have osteoporosis?
- Yes No Do you have any allergies or sensitivities (i.e. nuts, iodine, shellfish, flowers, scents)?
- Yes No Do you bruise easily?
- Yes No Any broken bones in the past two years?
- Yes No Any injuries in the past two years?
- Yes No Do you suffer from back pain/disk problems?
- Yes No Do you have numbness or stabbing pains?
- Yes No Have you had surgery in the last 6 months?
- Yes No Other medical condition, or are you taking any medications?



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Type of activities (ex – sports, type of work, stay at home mom/dad ect) _____

Have you ever received a professional massage or bodywork session? Yes No
How often: _____

What are your goals for today's treatment? _____

What kind of pressure do you prefer? Light Medium Deep

Initial _____ I understand that the massage/bodywork I receive is provided for the basic purpose of relaxation and/or therapeutic issues.

Initial _____ Should I experience any pain or discomfort during a session, I will immediately inform the therapist so that the treatment, pressure and/or strokes may be adjusted to my level of comfort.

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

Initial _____ I understand that massage/bodywork therapist are not qualified to perform spinal or skeletal adjustments, diagnose, prescribe, or treat any physical or mental illness, and that nothing said in the course of the session given should be construed as such.

Initial _____ Massage/bodywork should not be performed under certain medical conditions; I acknowledge that I have stated all my known medical conditions and answered all questions honestly. I agree to keep the practitioner updated as to any changes in my medical information and understand that there shall be no liability on the therapist's part should I fail to do so.

Initial _____ I also understand that any illicit or sexually suggestive remarks or advances made by me will result in immediate termination of the session, and I will be liable for payment of the scheduled appointment.

Initial _____ I also understand that this can be grounds for permanent dismissal from the practice. (That will be at the discretion of the therapist.)

Client Signature

Date

Therapist Signature

Date

Therapist Notes:
