

*Achieve Excellence Therapeutic Mind & Body Work*  
*Peggi Honig*

**Client Health Intake Form**  
Please fill out completely and sign.

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you received a professional massage or bodywork before? \_\_\_\_\_

What kind of work? \_\_\_\_\_

How frequently do you receive massage? \_\_\_\_\_

**CURRENT HEALTH**

How often do you exercise? \_\_\_\_\_

What kind(s) of exercise? \_\_\_\_\_

Where are you experiencing pain or tension? \_\_\_\_\_

Do you have a limited range of motion & if so, where? \_\_\_\_\_

Do you have any allergies or sensitivities? \_\_\_\_\_

Only check if appropriate: Oils \_\_\_\_\_ Lotions \_\_\_\_\_ Scents \_\_\_\_\_ other \_\_\_\_\_

**MEDICAL HISTORY**

Are you currently under a doctor or therapist's care other than normal check-ups? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

Please describe any injuries or surgeries in the past 5 years: \_\_\_\_\_

\_\_\_\_\_

Are you taking any medications & if so what & how often: \_\_\_\_\_

Blood pressure medication \_\_\_ Painkillers \_\_\_ NSAID \_\_\_ Anti-inflammatory/Steroids \_\_\_

Blood thinner \_\_\_ Cortisone injections \_\_\_ Insulin \_\_\_ Muscle relaxants \_\_\_ Diet pills \_\_\_

**Continue on the next page**  
**Please give 24 hours notice for cancellations**

**MEDICAL HISTORY CONTINUED**

**Please check any conditions you currently experience or have had in the past:  
When appropriate, please clarify information.**

Allergies, please specify: \_\_\_\_\_  
Asthma  
Blood clots  
Broken/fractured bones: \_\_\_\_\_  
Cancer/specify primary site: \_\_\_\_\_  
Diabetes  
Disc issues: bulging/degenerative/fused/herniated/slipped: \_\_\_\_\_  
Edema (swelling)  
Fibromyalgia  
Headaches/migraine/tension  
Heart diseases/attack  
High/low blood pressure  
Jaw pain (TMJ)  
Lymph node removal/specify location: \_\_\_\_\_  
Numbness, please specify: \_\_\_\_\_  
Osteoarthritis, please specify joint(s): \_\_\_\_\_  
Osteoporosis/osteopenia  
Rheumatoid arthritis  
Sciatica pain  
Skin disorders: \_\_\_\_\_  
Tears/strains: tendon/ligament/cartilage  
Varicose veins  
Other, please specify: \_\_\_\_\_

**All discussions, information and work are strictly confidential.**

Therapeutic bodywork is a healing modality that opens and cleanses your system. It allows for the movement of fluids and energy balancing, as well as relaxation of tense muscles, stress reduction and an overall feeling of balance and well-being. Massage is an adjunct to your medical care, and is not a substitute for medical advice from your doctor. Your doctor is the only one who can make a diagnosis or prescribe drugs regarding your medical concerns.

Massage therapy is a holistic non-sexual modality of healing and balance. If any inappropriate behavior occurs it will be grounds for immediate termination of the session.

With my signature I acknowledge that all the information is complete and correct, and do waive and release Peggi Honig/Achieve Excellence Therapeutic Mind & Bodywork from all liability. I also understand that the therapist will be making therapist's notes on the reverse side of this intake form.

**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Thank you for your time and thoroughness in completing this form.**